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# 1. INTRODUCTION

Participation in community life and social, cultural, leisure, recreational and learning activities are important for seniors' health and well-being and their quality of life. People who participate in their community report better physical and mental health and have more positive attitudes about the communities in which they live. They are more likely to be able to get help when needed and appear to be better protected against the negative effects of social disadvantage (Department for Victorian Communities 2003). Seniors with a high degree of community involvement and well-developed social networks generally have better health and well-being and live active and independent lives. However, it is widely recognised that little is known about the community participation of older people from culturally and linguistically diverse backgrounds (Hugo & Thomas 2002). This project is designed to address this lack.

The project was commissioned by the WA Government's Office for Seniors Interests and Volunteering (OSIV) and undertaken by independent social researchers Colin Penter and Barbara Gatter to gather information from CALD seniors about their community participation and involvement in community activities.

## 1.1 Background to the project

The achievement of active and healthy ageing is a key policy goal of the WA government<sup>4</sup>. The WA Government's Active Ageing Taskforce adopted the WHO definition of active ageing:

*“Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.”<sup>5</sup>*

The WA Government's 2004 Active Ageing Strategy *Generations Together* aims to achieve a whole of government response, change community attitudes, improve planning and achieve partnerships between government and community organisations to benefit WA's ageing population.

The adoption of active ageing policies, such as the WHO Active Ageing Policy and *Generations Together*, is leading to increased attention being placed on issues of active participation and community engagement as strategies to benefit older people. *Generations Together* emphasises the importance of social and community participation in contributing to healthy ageing and the well-being of older people. It

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<sup>4</sup> Government of Western Australia (2003). *Active Ageing Taskforce Report and Recommendations*.

<sup>5</sup> Government of Western Australia (2003). *Active Ageing Taskforce. Report and Recommendations*.

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emphasises the important role played by four layers or systems of support in facilitating active ageing including individual self care; family and friends; the community and its services, and the State.

In 2004 OSIV undertook the *Community Participation of Seniors Survey* to identify how seniors spend their time in the community and to identify barriers to community participation by seniors. Some of results from the survey have been used in *Western Australia's Seniors – Active Ageing Benchmark Indicators (OSIV 2006)*. These community indicators will be used to measure WA's progress towards achieving active ageing among the state's seniors. Unfortunately the *Community Participation of Seniors Survey* only included a small number of seniors born in a non-English speaking country (N=75) and therefore data was not able to be provided on the basis of cultural and linguistic diversity.

Despite the growth in numbers, not much is known about the levels and types of community participation by seniors from culturally and linguistically diverse backgrounds. The needs of older people from culturally and linguistically diverse backgrounds have been on the margins of policy making for a considerable time. This is despite the fact that the number of older immigrants born in non-English speaking countries has been growing at five times the rate of the Australian born population in recent years. The Australian Institute of Health and Welfare has projected that the number of older CALD Australians will increase by 66% between 1996 and 2011 (AIHW 2004).

## **1.2 Project goals**

This Project was to complement data obtained from the *Community Participation of Seniors Survey* and to provide qualitative data to supplement some of the indicators contained in *Western Australia's Seniors – Active Ageing Benchmark Indicators*. The project also sought to identify and explore what successful ageing means for seniors of CALD and ethnic backgrounds and to identify what would enable them to age successfully.

Specifically, the project was to collect primarily qualitative information from a representative sample of CALD seniors aged 60 years and over. Information to be collected included:

- Involvement in different types of community activities (either in the wider community or specific ethnic or cultural communities) and satisfaction with that involvement
- Perceived barriers to involvement
- Perceptions about the value accorded to seniors
- Self assessed health status
- Feelings of safety

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- Extent to which they are dependent on another adult, children or grandchildren
  - Transport and ease of getting around and barriers to getting round
  - Meanings associated with successful ageing
  - Services that would assist them age successfully
  - Differences in respect to gender, age and country of origin.

### **1.3 Project methodology**

The project was required to consult with seniors aged 60 years and over from a range of cultural and linguistically diverse backgrounds, specifically seniors born in non-English speaking countries. The methodology was required to gather qualitative information from:

- Male and female seniors
- A mix of seniors based on their level of involvement in the community, ranging from those actively involved in the community to those not involved in the community at all
- A spread of seniors reflecting the cultural and ethnic diversity of WA seniors born in non-English speaking countries
- A spread of seniors based on the length of time that they have lived in Australia.

Discussion groups with CALD seniors were the major methodology used. Approximately 502 seniors were consulted through 30 discussion groups. Four hundred and ninety two seniors (492) participated in discussion groups and 10 in individual interviews.

The majority of discussion groups were conducted with seniors with limited English proficiency. Nineteen (19) of the 30 discussion groups were conducted with the assistance of a bilingual translator known to the seniors. Translators held many roles including manager, staff member, volunteer, worker, carer, service provider and friend.

Discussion groups were held in partnership with local groups and organisations including ethnic community organisations, community language groups, seniors' groups, carer groups, specific CALD and ethno-specific groups, community centres, service provider agencies, community settings, places of worship, local services, local clubs and associations, local government centres and programs, seniors' centres and locations or settings where seniors gather and meet.

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The majority of participants were women (n=375, 74%) and one in four were men (n=127, 26%). The age breakdown of participants was:

- 7% were aged under 60 years (n=36)
- 24% were aged between 60-69 years (n=120)
- 32% were aged between 70-79 years (n=159)
- 37% were aged 80 years and over (n=187).

Approximately 90 service providers, workers, volunteers and bilingual workers contributed information about CALD seniors' community participation. A number of these were seniors themselves; however those numbers were not included in discussion group numbers.

## 1.4 Report structure

**Chapter 1** of the report addresses the background to the project and outlines project objectives and methodology. **Chapter 2** provides an overview of demographic trends and summarises the main findings of a literature review about CALD seniors' community participation, presented in full as Appendix 7. **Chapter 3** outlines the findings of the consultations and discussion groups with seniors as well as issues raised by those who work with or know about seniors from culturally and linguistically diverse backgrounds. **Chapter 4** analyses the implications of the findings presented in Chapter 3 in terms of the questions the project was to address.

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## **2. OVERVIEW OF DEMOGRAPHIC TRENDS AND LITERATURE ON COMMUNITY PARTICIPATION**

This Chapter provides an overview of demographic trends and summarises the main findings of a literature review about CALD seniors' community participation presented in full in Appendix 6. Material on demographic trends is taken directly from various publications of the Australian Institute of Health and Welfare (AIHW 2004; Gibson, Braun, Benham & Mason 2001).

### **2.1 Demographic information**

- The proportion of older people aged 65 and over in Australia has grown progressively and population projections show that the ageing of the population will continue. The proportion of seniors of CALD background is increasing faster than for older Australians generally (AIHW 2004). The Australian Institute of Health and Welfare has projected that the number of older Australians from culturally and linguistically diverse backgrounds will increase by 66% over the fifteen years between 1996 and 2011. The older Australian born population is expected to increase by only 23 per cent in the same period.
- The number of older immigrants of non-English speaking background has been growing at five times the rate of the Australian born population in recent years (AIHW 2004).
- By the year 2020, a substantial proportion of older people in Australia will be born overseas and of non-English speaking backgrounds. Hugo and Thomas show that the trend is for dramatic growth in this group. (Hugo & Thomas 2002).

#### **Population projections for CALD seniors in WA**

The information on population projections is drawn from a number of publications of the Australian Institute of Health and Welfare (see in particular Gibson, Braun, Benham and Mason 2001).

- In 1996 there were 35,900 older people from culturally and linguistically diverse backgrounds living in Western Australia, representing 19.6% of the total older Western Australian population. This was slightly higher than the Australian national average (17.8%).

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- Older persons born in Southern Europe (6.0% of the Western Australian population) and Eastern Europe (3.5% of the Western Australian population) made up almost half of the older population from culturally and linguistically diverse backgrounds living in Western Australia.
  - Between 1996 and 2011 the number of older people from culturally and linguistically diverse backgrounds living in Western Australia is projected to increase by 53%, reaching 54,900 or 20.7% of the total older Western Australian population. This is slightly below the Australian national average (22.5%). The Western Australian population is projected to increase its cultural and linguistic diversity over the period from 1996 to 2011.
  - By 2011, persons from culturally and linguistically diverse backgrounds are projected to make up 22.7% of the Western Australian population aged 80 and over; a substantial change from the 15.5% reported in 1996.
  - Italy is projected to remain the most common country of birth for older persons from culturally and linguistically diverse backgrounds in 2011, but the proportion of people who were born in Italy is projected to decrease to 4.6% of the total older Western Australian population, or 12,300 people. Between 1996 and 2011 the number of older people who were born in Italy is projected to increase by 33%. During this same period for those born in Italy, the 80 and over population is projected to increase by 157% to 4,200.
  - People born in the Netherlands will remain the second most prevalent group in 2011, constituting 1.7% of the older Western Australian population or 4,600 people, with the population aged 80 and over increasing to 1,300. Between 1996 and 2011, the number of older people who were born in the Netherlands is projected to increase by 46%. Those aged 80 and over are projected to increase by 126%.
  - By 2011 India will be the next most common country of birth for older people from culturally and linguistically diverse backgrounds in Western Australia, accounting for 4,400 persons or 1.7% of the total older Western Australian population. Between 1996 and 2011, the older population who were born in India is projected to increase by 59%.
  - By 2011 Germany (81%), Malaysia (183%), Greece (62%), South Africa (82%) and the former Yugoslavia (45%) are all projected to increase their numbers in the population substantially, with growth rates in the 80 and over population being higher than those for the 65 to 79 year old population. The number of older people who were born in Poland is projected to decrease (30%), although those aged 80 and over are projected to increase.

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- Burma, Croatia and Vietnam are projected to increase to reach 0.5% of the total older Western Australian population during the period up to 2011.
  - By 2026, the number of older people from culturally and linguistically diverse backgrounds living in Western Australia is projected to increase to 80,600, an increase of 47% over the number for 2011. This represents 18.2% of the total older Western Australian population, a level below that projected for the Australian population nationally (21.2%).
  - Italy will remain an important country of origin among older people from culturally and linguistically diverse backgrounds in Western Australia in 2026 (10,200 persons).
  - By 2026, Malaysia is projected to be the second most common country of origin for older persons from culturally and linguistically diverse backgrounds. There are projected to be 6,200 older persons who were born in Malaysia living in Western Australia, constituting 1.4% of the older population. Between 2011 and 2026, the number of older persons who were born in Malaysia is projected to increase by 129%, with most of the growth occurring in the 80 and over age group. There are projected to be 1,400 persons aged 80 and over who were born in Malaysia living in Western Australia in 2026.
  - By 2026 the Netherlands (1.7% to 1.1%) and Germany (1.3% to 1.0%) continue to decline in importance as countries of origin. The older population who were born in the Netherlands is projected to remain stable during this 15 year period, whereas those born in Germany and Poland continue to increase (by 28% and 43% respectively). By 2026 there are projected to be 4,300 older persons who were born in Germany and 2,400 older persons who were born in Poland living in Western Australia. At ages 80 and over, the numbers of persons who were born in the Netherlands and Germany are projected to be 1,800 and 1,400 respectively.

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## 2.2 Major findings from literature review

This section summarises the main findings of a literature review about CALD seniors' community participation. The complete findings can be found in Appendix 6.

### **Social and community attitudes**

Social and community attitudes impact on and shape community participation by CALD seniors. Despite the enormous significance and contribution made by people of CALD backgrounds in Australia, many are still not accepted readily into the "mainstream" of society. Underlying negative and racist attitudes may not have changed significantly, but just shift around to be re-directed from earlier arrivals to recent arrivals (Tilbury, Kokanovic, Rapley & O'Farrell 2004).

Social and community attitudes towards older people are often negative, in that older people are seen as physically impaired, in need of services and with little to offer society at large (Hugo & Thomas 2002).

### **Discrimination**

Community participation is affected by the daily experience of systemic discrimination. A number of recent studies have documented the ways that systemic racial discrimination and racism impacts daily on the community participation of people of CALD backgrounds, including seniors.

CALD seniors often face the problem of double discrimination (Orb 2002). Although they face the same problems and difficulties as other seniors, they face them more intensely as they bear the additional burdens of discrimination and often racism that result from factors such as CALD status including language, discrimination, social and community attitudes and lack of access to ethno- and culturally specific services (Chahal 2004, Social Exclusion Unit 2005).

### **Family participation**

For many CALD seniors the family and extended kin network is a major source of cultural identity and the most significant "site of participation" (Wilding & Tilbury 2004). A common assumption is that seniors of CALD background are cared for primarily by their families and that family support is always present (Orb 2002). Family support of CALD seniors exists across CALD communities, but can't be taken for granted (Chahal 2004).

### **The benefits of participation**

Participation in community life and in social, cultural, leisure, recreational and learning activities is important for seniors' health and well-being and quality of life. People who participate in their community report better physical and mental health and have more positive attitudes about the communities in which they live. They are more likely to be able to get help when needed and appear to be better protected against the negative effects of social disadvantage (Department for Victorian

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Communities 2003). Seniors with a high degree of community involvement and well-developed social networks generally have better health and well-being and live active and independent lives. A characteristic of people who age well is that they continue to actively engage in community life through strong social networks and they are involved in productive and interesting activities (Swindell 2003).

### **Social isolation**

Seniors from a culturally and linguistically diverse background are often at risk of feelings of isolation (Australian Government 2004). Social isolation is often compounded for CALD seniors as a result of limited English, separation from families overseas and limited social networks (Orb 2002; Victorian Government 2004). In turn, community participation and involvement is often hindered by language barriers and social isolation. Orb (2002) concludes her literature review with the finding that CALD seniors are disadvantaged, lonely, isolated and poor.

### **Culture and ethnicity**

Culture, language and ethnicity are of vital importance to CALD seniors. A variety of studies have shown that culture, ethnicity and cultural identity play a vital role in community participation and well-being (Wilding & Tilbury 2004). For many seniors of CALD background, maintaining their cultural identity is fundamental to successful ageing and community participation (Bygrave 2003). Cultural identity can provide meaning, identity, depth of character and purpose to ageing.

Many CALD seniors want services, programs and activities that are specialist and ethnic and culturally competent (Harris 2004).

A number of studies have shown how ethnicity is itself a mobilising factor for voluntary community participation. The book produced by the WA Office of Multicultural Interests titled *A Changing People: Diverse Contributions to the State of Western Australia* documents the way that ethnicity and cultural identity has been a major factor in the mobilisation of community participation here in WA (Wilding & Tilbury 2004). Cultural identity and community participation is often centred on religion and the church (Wilding & Tilbury 2004).

### **Participation in physical activity**

Australian research suggests that people from culturally and linguistically diverse backgrounds, along with a number of other vulnerable populations, are at greater risk of physical inactivity (Osborne, Haralambous et al 2003). Barriers to CALD seniors' participation in physical activity include:

- Language difficulties.
- Social and cultural factors acted as barriers to participation. These included expectations about roles and time to socialise and lack of comfort about being from a different ethnic group.

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- Environmental barriers included uneven pathways, lack of public open space.

### **Language barriers**

Language can have varied impact on community participation. For many CALD seniors the desire to maintain and speak their native or original language with others of similar cultural and linguistically diverse background is often a primary motivator for community participation. Speaking the language enables them to affirm a sense of cultural identity, retain a connection with their ethnicity, as well as link with other people, their community and the wider community. Language then is the basis for identity, social networks and community participation (Wilding & Tilbury 2004).

Many CALD seniors face the burden of communication barriers. Language barriers for community participation are significant and cause considerable frustration and isolation for many CALD seniors. English language proficiency is a key factor in community participation for CALD seniors. Isolation is intensified for people whose English language skills are poor (Orb 2002).

A lack of English language skills affects all aspects of CALD seniors' lives and is perhaps the major barrier to participation (Orb 2002). It affects access to housing options and access to health care. The inadequacy of interpreting services and reliance on family to translate creates additional problems for CALD seniors in many areas of daily life, for example dealing with doctors and health professionals, bus drivers and others (Orb 2002).

CALD seniors whose first language is not English can become more socially isolated as they age, as they begin to lose their English language proficiency. Many CALD seniors may have learnt work-specific English but have difficulties transferring their English language abilities to a higher level of proficiency (Colic-Peisker 2004; Henderson 1993, quoted in Orb 2002). As people age they may lose higher order language skills such as second languages and revert to their original language of country of birth. They can also lose contact with other seniors who speak their original language (Victorian Government 2004). Those who don't speak English possess less knowledge about existing services, programs and activities (Tilbury et al 2004).

A number of studies have found that the lack of bilingual information and the small number of bilingual workers often limit CALD seniors' capacity to participate (various studies cited in Orb 2002).

Access to English language tuition and English language classes for CALD seniors is important for their community participation (NCOSS 2004). Older CALD seniors do not receive high priority for English lessons and most English language classes are unsuitable for CALD seniors (Hugo & Thomas 2002).

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Canadian research shows that an effective approach to English language classes for CALD seniors requires that language classes should build social networks, convey information about access to services, health and programs and foster new friendships among persons from diverse backgrounds (Canadian National Advisory Council on Ageing 2005).

### **Participation in ethnic organisations and groups**

Many CALD seniors participate in locally based ethno-specific groups and ethnic community organisations. These groups and organisations provide practical and emotional support and facilitate participation through the provision of social activities, language groups, health and homecare services, transport and day centres and practical supports (Wilding & Tilbury 2004). Such groups provide opportunities for social interaction and the development of social networks and provide social support. Such groups and organisations also provide the opportunity to interact with seniors of similar cultural background and cultural values without language barriers (Thomas 2003; Wilding & Tilbury 2004).

Ethnic specific agencies, community organisations and community groups are the major provider of support to older seniors (Thomas 2003; Wilding & Tilbury 2004). These agencies and groups are viewed positively by CALD seniors. Ethno-specific and language-specific groups and organisations are particularly important for seniors who may have poor English fluency or may be losing English fluency as they age. They provide meaningful opportunities for social interaction within the community, thereby overcoming social isolation (Bygrave 2003; Chahal 2004; Wilding & Tilbury 2004).

An important issue for many CALD seniors is the extent to which the services and programs in which they participate are able to create an environment in which individual differences, personal history, life experiences and cultural identity are integral components of service delivery. Ethno-specific community groups and organisations are often better placed to create such an environment for CALD seniors (Butt & O'Neil 2005; Bygrave 2003; Patel 1999).

An important aspect of ethnic-specific services is that workers, group leaders and volunteers are often bilingual and many share the same cultural and linguistically diverse background as the clients (Harris 2004). UK research shows that seniors of CALD backgrounds believe that community-based organisations are more likely to understand and reflect their needs, are likely to be more accessible and provide better quality services and programs (Butt & O'Neil 2005).

There is a strong tradition of self-help among many CALD communities with communities establishing and funding their community organisations and groups specifically to cater for CALD seniors (Lalich 2003). Many of these community organisations and community groups act as "primary providers" for CALD seniors.

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Many organisations have neither secure nor adequate funding to carry out the demands being placed on them to enable the community participation of CALD seniors. They often provide for seniors on a shoestring in response to the failure of mainstream organisations and groups to provide opportunities for CALD seniors to participate (Bygrave 2003; Chahal 2004; Joseph Rowntree Foundation 2004; Patel 1999, Thomas 2003).

### **Volunteering**

Although participation in civil society tends to decline after retirement, seniors donate a substantial amount of time to voluntary work. Participation in voluntary work is affected by factors such as health status, income, mobility and social networks (Victorian Government 2004). Studies cited in Orb's review of the health needs of CALD seniors suggests that CALD seniors participate less readily in voluntary work, due to their lack of confidence in speaking English (Quine 1999, cited in Orb 2002). However, it is recognised that many CALD seniors are involved in voluntary work in both ethnic community specific settings and the wider mainstream community. In a review of volunteering among ethnic communities, Kauler suggests that the motivation for volunteering is similar across cultures (Kauler & ECC 2004).

New Zealand research into volunteering among ethnic peoples found that volunteering is a concept not necessarily recognised by or significant to all cultures. For some New Zealand ethnic people volunteering is motivated by a sense of obligation (cited in Kauler & ECC 2004).

### **Mainstream services**

Seniors of CALD backgrounds often find that mainstream services are inappropriate for their needs and that mainstream services often make assumptions based on limited knowledge and understanding, and in some cases stereotypes and prejudice (Harris 2004; Chahal 2004; Joseph Rowntree Foundation 2004; Orb 2002).

Linguistic and cultural barriers reduce the access of seniors from CALD backgrounds to public services and programs. This may be particularly significant in areas such as transport, health and aged care services, housing, lifelong learning and cultural and social and recreational activities (Victorian Government 2004).

It is generally recognised that seniors of culturally and linguistically diverse backgrounds do not use services equal to their proportion of the population. Use of HACC and residential services by seniors of CALD background is poor (Orb 2002; NSW Aged Care Alliance 2004).

Accessing health and medical services can be a major difficulty for CALD seniors. Medical staff may not speak the language and may not be able to access translators and interpreters. Often family members act as translators. Orb (2002) suggests that

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cultural and language barriers hinder the use of mainstream agencies by CALD seniors. Orb argues for the provision of more ethno-specific and sensitive services.

Other barriers within mainstream services include:

- Lack of cultural sensitivity
- Lack of services catering for the needs of people of CALD background
- Insufficient access to interpreters
- Negative attitudes of service providers
- In terms of other services, much of the available literature demonstrates that seniors from CALD backgrounds are generally under-represented in services and have lower usage of services.

### **Transport**

Availability of and access to transport is essential for the community participation and quality of life of seniors (Waterhouse & Angley 2005). Transport barriers limit community participation (UK Government 2005). Many CALD seniors rely on transport provided by others (community and public transport, family and friends). Lack of transport is a major problem for CALD seniors (Orb 2002). Work undertaken in the mid 1990s in Perth found that lack of transport was a major barrier for CALD seniors (Gevers & Street 1994, cited in Orb 2002).

Seniors are often not well served by public transport due to affordability, timetable and route constraints, mobility problems, accessibility and distance from where they live and concerns over safety and security (Social Exclusion Unit 2005).

### **Computers and internet**

A study of seniors' community participation, undertaken by the WA Government's Office for Seniors Interests and Volunteering, found that 36% of all respondents had used the internet. Those most likely to use the internet were men aged 60 to 74 years. Seniors born in non-English speaking countries were less likely to use the internet than other seniors (OSIV 2004).

A 2002 Victorian study of internet use by non-English speaking communities found that:

- While many people from non-English speaking backgrounds are using the internet, there are significant gaps in take-up
- The majority of seniors interviewed did not use computers, let alone the internet
- Uptake and use is directly related to the individual's English language skills
- Older people have great difficulty dealing with problems with computers
- Older people rely on children and grandchildren to assist

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- There is a lack of awareness of the relevance and benefit of using the internet
  - Public access was generally poor
  - There was a reluctance among seniors to engage with the internet
  - People were unlikely to participate in training unless it incorporated their linguistic and cultural needs.

### **Barriers to community participation**

Many barriers contribute to limit the community participation of CALD seniors. Major barriers such as language and cultural differences, lack of culturally-appropriate services, lack of access to income sources and resources, cultural insensitivity, discrimination and racism can all lead to situations of isolation and poverty for CALD seniors and limit community participation (Canadian National Advisory Council on Ageing 2005; Chahal 2004; Harris 2004).

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### **3. FINDINGS OF CONSULTATIONS**

In this section, findings of face-to-face discussions with CALD seniors are described. These discussions took place in group meetings, although a number of informal face-to-face interviews were conducted with individual seniors. Detail about the seniors consulted and their cultural and linguistically diverse background can be found in Appendix 3.

The main findings are described under key headings, based partly on the questions the project was required to answer, and partly on key themes that emerged consistently across discussion groups. Such a division is inevitably artificial as the discussion with seniors was by necessity far less formal, structured and orderly. Headings include:

- Issues to do with community participation and involvement
- Satisfaction with community participation
- Barriers to community participation
- Participation in ethnic, language and community groups
- Successful ageing and social and community attitudes towards CALD seniors
- Caring responsibilities
- Safety and health status
- Strategies to increase community participation.

Direct quotes and examples are included. Many of these are direct translations provided by interpreters, so some change in words and meaning may have occurred. As part of the project, discussions also took place with service providers, workers and volunteers, and those findings are described where relevant under each heading.

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## 3.1 Issues to do with community participation and involvement

### 3.1.1 CALD seniors are involved in a wide range of activities

#### *What CALD seniors told us:*

Discussion group participants were asked to identify the types of activities they participate in outside their home in a typical week. This included physical and social activities. CALD seniors are involved in a wide range of activities<sup>6</sup> including:

- home-based activities and duties (cooking, home maintenance, shopping, cleaning, TV, gardening, growing fruit/vegetables, etc)
- family-oriented activities (caring for grandchildren, caring for a partner, family events and outings, caring for friends)
- church, religious and spiritual worship and involvement
- voluntary and paid work
- hobbies (music, reading, writing, crocheting etc)
- sport and recreation (walking, dancing, swimming, lawn bowls, bocce, fishing, watching sport, soccer, bingo, horse racing, gambling)
- culturally-specific social and community activities (going to other people's homes, social clubs, cards, being in a choir, community events, celebrations)
- using public infrastructure and services (public transport, shops, health services, medical services, libraries)
- attending centres and places in the community (day centres, seniors' centres, NGO groups/activities, ethnic/language/community group activities, social groups, support groups, ethnic community events such as dances, lunches, dinners, parties, concerts etc)
- activities and outings (with others of a similar cultural and language background or of different backgrounds)
- mainstream community activities (libraries, concerts, movies, outings, café/coffee, restaurants, entertainment, galleries, sporting clubs and sporting events)
- Participation in and involvement with civil society groups such as voluntary work, NGOs, ethnic and cultural groups.

Many CALD seniors across different cultural and language groups recognise the benefits of physical activity; however women consulted were more positive about the benefits of physical activity than men. Common types of physical activity were:

- Indoor household tasks

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<sup>6</sup> This is a composite list of activities identified across all discussion groups. Obviously not all CALD seniors are involved in all activities.

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- Outdoor household tasks such as gardening and home maintenance
  - Walking, including being in a walking group
  - Physical movement activities at centres and groups eg yoga, stretching, dancing
  - Exercise classes
  - Swimming
  - Recreational activities.

Most of those who participated in group physical activities did so with groups broader than their own culture/language of origin.

Walking is the major contributor to the physical activity of CALD Seniors. Often walking is the means to complete daily chores. Some examples include:

*An 83 year old woman reported that she walked 4-5 miles every day around Lake Monger.*

*A 67 year old woman reported that she walked up to 10 kms some days to attend meetings and community groups and undertake daily chores such as shopping.*

*A woman aged in her 70s walks a couple of kilometres from her home and swims in the ocean every day.*

*An Italian woman in her 60s who walks around the neighbourhood, walks the dogs and walks to visit friends who live nearby.*

*A man from the former Yugoslavia in his 80s, who walks every day around his neighbourhood to do daily chores such as shopping.*

*A group of German speaking women who walk together twice a week.*

*A small group of women in a country town who are part of a community walking club*

Seniors consistently spoke about the benefits of walking:

*"I know it is very good my health."*

Many seniors wanted to walk more but felt unable to, due to ill health and lack of mobility.

*"I would like to walk more but health problems don't allow."*

For many seniors, walking is something they have always done as part of their daily routine. Walking is a lifelong activity, often with origins in their country of birth, where access to transport was limited and walking was the only way to get to places.

*"I have always walked to places. It's what we always did back home."*

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Lack of transport was mentioned as a barrier to participation in physical activity. A Mandarin-speaking senior said:

*“We would like to swim but we don’t know how to get there, there are so many bus changes.”*

The cost of physical activities was cited as a barrier by many seniors. An African senior said:

*“If the senior has no money then they can’t go swimming.”*

A number of seniors ride bicycles regularly. A Polish man in his 80s reported that he cycled 10 kilometres on the weekend with his daughter and about 40 minutes each day.

Positive attitudes to physical activity were noticeable among a number of cultural and linguistic groups, for example the Mandarin and Cantonese speaking seniors, who were very conscious of the benefits of physical activity. Participants were involved in a wide range of activities such as Tai Chi, walking, badminton, ping-pong, dancing, meditation, martial arts and golf. A Mandarin speaking senior said:

*“We are very conscious about our physical health.”*

Seniors remain active around the house and are involved in household chores and responsibilities, caring and family responsibilities and gardening. Women report themselves as being active in household chores and responsibilities and gardening. Men appear to focus their home activity on outdoor household tasks such as gardening, home maintenance, and maintaining vegetable and fruit gardens.

### **3.1.2 The importance of local community centres, seniors’ centres and ethnic community and language groups for community participation**

Many CALD seniors are involved in social and cultural activities, organised through ethnic seniors’ centres, day centres, ethnic community groups and non-government organisations.

Many ethnic social and community organisations, such as the Chung Wah Association, Australian Asian Association and German and Dutch communities have established special programs or activities for their senior members. As members, CALD seniors are involved in a range of centre-based and outreach activities. Seniors value the centres highly.

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For many seniors, involvement in ethnic-specific and community centres and groups represents their major form of community participation. For the majority of the Spanish seniors consulted in one discussion group, the weekly group they attended at the Australian Asian Association was their primary form of community participation (other than family activities). As one senior said:

*“Coming to this group is the only social life we have.”*

Local community centres and programs provided by local government, non-government organisations or ethnic community organisations play a vital role as key points of contact, community participation and activity for CALD seniors. They provide the foundation for community participation. The centre-based programs provide an important opportunity for activities, socialisation, interaction, the development of social networks and the provision of information about services and activities. Of particular importance is the fact that many centres collect seniors from their own homes.

The growing number of multicultural and ethnic-specific centre-based programs provided by local government such as Ethnic Melville Active Seniors, Stirling Multicultural Day Centre, Pindana Multicultural Centre to name a few, are an important local government initiative supporting CALD seniors’ community participation. Whilst they provide for HACC clients, in some cases they are also able to provide for seniors who do not meet HACC criteria.

Non-government organisations are playing a greater role in providing centre-based programs and activities for CALD seniors. Some of these are specialist multicultural aged care programs funded partly through the HACC Program. Others are mainstream NGOs which offer programs and activities to seniors from CALD backgrounds.

Local government authorities and ethnic community and non-government and community organisations play a major role in these centres and provide transport to enable seniors to attend. Many seniors consulted would like to attend centres but don’t live in the area and don’t have access to transport.

Participants in the African discussion group spoke of how the lack of such a centre for African communities meant that many seniors had nowhere to go and nothing to do. A Somali man said:

*“We need a place or centre where we can meet as seniors, talk to each other, sort out problems, like loneliness and talk as a whole community. We need an African seniors’ centre. We need a place to go.”*

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For the African participants, a community centre would not only benefit seniors but the whole community. A community leader said:

*“We as Africans need to exercise our culture. We need places to teach our children our culture, our history, our music.”*

### *What service providers and volunteers told us:*

Lack of places in day centres is a problem identified by service providers. Service providers identified that access to community centres and day centres was easier for frailer seniors with eligibility for HACC services, than it was for seniors who do not meet the eligibility for HACC Program support.

### **3.1.3 Social isolation, loneliness and mental health concerns**

Social isolation and loneliness are widely recognised as major issues affecting all seniors, as well as seniors of CALD backgrounds (Orb 2002; Findlay & Cartwright 2002; Queensland Government 2004).

### *What CALD seniors told us:*

Many CALD seniors spoke about loneliness and isolation as the worst aspect of ageing. One senior who organises a weekly support group said:

*“Many people are isolated in the home and they suffer resultant loneliness that goes with that.”*

Loneliness and social isolation are particularly acute for seniors with limited English language proficiency. Seniors in an Italian discussion group spoke of a man with limited English, who had rarely gone out of the house for 20 years after his wife died. A woman from the former Yugoslavia, who spoke little English, described her experience the following way:

*“I was sitting at home for five years without meeting anyone.”*

Another senior told us:

*“People stay home because they have trouble communicating and there is little for them to do.”*

One senior described how people came to be:

*“prisoners in their own home.”*

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Another recurring theme around loneliness and social isolation was that mobility restrictions, both physical and social (eg a lack of transport) were a contributory factor.

*“I have some good friends, but we just talk on the phone. We would love to see each other but none of us drive anymore and public transport doesn’t take us close enough to each other’s homes.”*

Social isolation and depression also affect the motivation of some seniors to participate. Iranian seniors identified that lack of motivation and depression can prevent some seniors from seeking any social and community activity.

The circumstances in which people migrated to Australia can intensify isolation. Isolation and loneliness can be major problems for seniors who have come to Australia late in life, as a result of sponsorship by children. They can become isolated in the house and totally reliant on their children to get out. The coordinator of an Asian seniors’ group said:

*“Loneliness is a big issue for some of these seniors who have been sponsored by children and often they help care for grandchildren. It is difficult to get out. They have to rely on children.”*

The experience of social isolation and loneliness and its impact on mental health concerns, such as depression, are clearly major factors affecting CALD seniors’ community participation. For seniors who speak no or limited English the problem of social isolation and loneliness can be compounded.

### *What service providers and volunteers told us:*

Concerns about social isolation and loneliness were mirrored in discussions with service providers, who saw the problem to be heightened by language difficulties and cultural barriers.

Service providers felt that contributing factors were interrelated and cumulative. Lack of English meant that people did not go to places and this often led them to lose social networks, confidence, social skills and motivation. If seniors don’t have access to transport and live far away from others of the same cultural and linguistically diverse background the sense of isolation is compounded.

Service providers in some regional and rural areas said that CALD seniors can be more isolated in country towns, due to the lack of ethnic seniors’ groups and culturally and linguistically appropriate services, the tendency for mainstream services to be inappropriate for seniors of culturally and linguistically diverse backgrounds and a lack of public and community transport. One service provider said:

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*“In this town CALD seniors are very isolated in their own homes.”*

On the other hand, in a country town with a long history of association with CALD seniors from the post-WWII years, and where the CALD seniors had lived, worked and raised families for many years, participants clearly saw themselves as no different to other seniors in the town. They were part of mainstream clubs and groups and strongly identified as “Australians”.

*“I hardly ever think about where I came from, I was so young. This is home for me, I’m just an old Aussie.”*

*“I’ve been Australian for much longer than I was Polish.”*

### **3.1.4 Employment and work as a major form of community participation**

#### *What CALD seniors told us:*

Paid or voluntary work, be it casual, part-time or full-time, is an important means of community participation. For a sizeable proportion of the seniors interviewed aged under 70, participation in paid work is an important form of community participation. The failure to find paid work is experienced as a major form of social exclusion. This was expressed forcefully by both women and men.

*“I want a job. That’s what I need. “*

*“If you are not working what do you do, who are you? We are the invisible people, the walking dead.”*

*“There is a stigma attached to being a pensioner and a stigma attached to not working.”*

*“You can’t get a job, they give it to youth.”*

*“The main problem we face is employment. We have special needs. Without a job what can we do? We feel we are nothing.”*

For those CALD seniors who want to work, their inability to find work is a negative and debilitating experience, affecting their motivation and capacity to participate in the community. They can be trapped in a “downward spiral” that leads to increased social isolation and reduced community involvement. Without income they are limited in what they can do. They can’t afford transport. The motivation to go out and do things is diminished.

For CALD seniors who want to work their inability to find employment is perceived to be the direct result of the attitudes of employers to their cultural and linguistically diverse background and difficulty with English. They face a double disadvantage. Firstly, the disadvantage of being an older worker. Second, the disadvantage of being of a different cultural and linguistically diverse background. Seniors said:

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*“Your opportunity to seize a job is gone.”*

*“At my age they tell me I am too old.”*

*“It’s so hard. How do you get a job as a senior from another country? Imagine what it would be like for an Australian senior who goes to my country and can’t speak the language well.”*

For many CALD seniors, paid and voluntary work is important for the sense of enjoyment, identity and achievement it provides. Work gives them something tangible to do and to feel they are making a contribution to the community. This is particularly important for seniors who had worked hard all their lives. As one senior said:

*“We just like to work. Always have.”*

Another advantage of paid work is that people develop social networks and social connections through their work colleagues, and they continue to speak English. A Portuguese senior said:

*“If I can still work I get to meet new people and improve my English.”*

One senior spoke about the hypocrisy of a society that encouraged seniors to be active and healthier, but limited their involvement in the paid workforce. She said:

*“If we are so healthy why are we not being employed for something?”*

Other issues raised about paid employment were:

- Many seniors retain a strong desire to continue in paid work but find it difficult to get such work
- Employers are seen to be biased against older workers, particularly, those with limited English
- Employers fail to recognise seniors’ skills and experience
- Work provides the opportunity to overcome the difficulties seniors experience, such as isolation, lack of income, loss of identity, lack of social connections, capacity to contribute, lack of intellectual stimulation and loss of skills
- The Job Network is viewed unfavourably by many seniors.

Participation in voluntary work varied widely across discussion groups. There were seniors in every discussion group who were active volunteers; although in some discussion groups the numbers were few. Some CALD seniors report that they volunteer up to 30 hours per week. There were a large number of seniors in discussion groups who reported only limited voluntary involvement, perhaps in one or

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two voluntary activities on a regular basis. Activities mentioned include helping out at church, visiting and talking to other seniors in their own language, helping other seniors with daily chores such as shopping, cleaning and gardening.

### **3.1.5 Use of infrastructure and services as a form of community participation**

Accessing infrastructure and services provides an important opportunity for community participation. The literature review highlights that there is notable under-utilisation of services by CALD seniors (Orb 2002) and that many services and infrastructure are inappropriate to people of diverse cultural and linguistic backgrounds. The “double disadvantage” of cultural and linguistic diversity and ageing presents significant challenges for providers of infrastructure and services.

#### *What CALD seniors told us:*

One form of community participation for CALD seniors is as a "user" of public, private or community services. The extent to which these services are available, affordable, accessible and appropriate to CALD seniors is an important factor contributing to their community participation.

CALD seniors describe many examples where community participation is limited by inadequate infrastructure and the response of mainstream services and programs to their needs. Specific examples that emerged across discussion groups are described below.

Health, dental and medical services: Overall CALD seniors were appreciative and positive about the quality of health services. Concerns raised were:

- Lack of access to female doctors in hospitals
- Tendency for doctors to label any ailment as a consequence of getting older
- Lack of medical practitioners and health workers who speak their language
- Lack of bilingual translators
- Tendency to treat seniors in a patronising way
- Long waiting lists to get hospital appointments.

Swimming pools: Many seniors, particularly women, raised concerns about poor access to swimming pools. Women consulted want to swim more in public swimming pools but felt that public pools did not cater well for the specific needs of seniors from cultural and linguistically diverse backgrounds. An example was their lack of appreciation of the different values about modesty among some seniors. A concern raised by other seniors was the failure of pools to understand cultural values that make it inappropriate for some women to use pools with other groups or at the same

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time as men. The costs of entry and a lack of transport to pools were also identified as barriers.

Recreation facilities: Seniors raised concerns about their lack of access to leisure and recreation services and facilities. Many seniors want to make better use of recreation centre facilities, but felt excluded, due to factors such as distance to be travelled, cost, lack of appropriate programs for CALD seniors, lack of accessibility, lack of understanding about cultural norms and traditions associated with exercise and recreation, and a culture associated with centres that is very youth-oriented. The costs associated with using recreation centres was mentioned as a major barrier. A Portuguese senior said:

*“If you want to go to the gym it is too expensive. On a pension you can’t afford it.”*

Seniors want recreation centres to develop programs that are low cost. Some would be more comfortable with culturally appropriate programs, especially those with limited English. For most the cultural issues are less important than having access to recreation programs that are designed around seniors’ needs and budgets.

Housing: A number of seniors living in public housing were critical of Homeswest for a perceived lack of appreciation of issues facing seniors of cultural and linguistically diverse backgrounds. They felt that Homeswest does not understand the difficulties facing CALD seniors, and particularly older women of CALD backgrounds. Two women commented that they were housed in blocks of flats populated by men who were often drunk or on drugs. Safety was a concern for the women and they felt Homeswest staff were not understanding of their situation. Comments included:

*“We are cases in their folders, never mind the repercussions for our lives.”*

*“They give me the rubbish housing because I don’t speak English well and they think I am mental.”*

*“I want a decent house. I turned one down and I am in the bad books again.”*

*“I feel I am surrounded by drunks. The lawns are beautiful, landscaped gardens, inside it is terrible. I feel like I am living in a tent. I hope to move from the drunks’ quarters to the old women’s quarter.”*

Many seniors live long distances away from the things they want to do and the places they want to go.

The cost of housing is a barrier to CALD seniors’ community participation. Where housing costs are high, seniors have less income to spend on activities and are unable to afford to go out of the home. This is a significant problem for seniors living

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in the public housing or the private rental market, as well as seniors who are recent arrivals.

Other seniors were appreciative of the housing they received through Homeswest.

Interpreters: A consistent theme across discussion groups was the difficulty many CALD seniors have in being able to access interpreters, for example through TIS. Seniors report that access to interpreters through TIS has reduced. Seniors across a number of discussion groups identified situations where they were unable to go to the doctor because an interpreter was not available. One said:

*“In the past we had access to interpreters when seeing the doctor, or when visiting hospital. We can’t access the service anymore so we can’t communicate with the health professional.”*

Seniors commented that reduced access to interpreters results in an over-reliance on family members and volunteers as interpreters.

Public libraries: Public Libraries were identified across many discussion groups as a valued community resource used by CALD seniors. Issues mentioned include the enjoyment and value of libraries for many CALD seniors, the importance of access to bilingual material (books, papers, articles, movies, and newspapers), the difficulties associated with lack of stock (ie locating the book they wanted) and the failure of libraries to replenish stock. The lack of papers and books in their language of origin or from their home country was a source of frustration for some.

Cinemas: Seniors identified the cinema as an important community resource. Many said they wanted to go to the cinema more but cited lack of transport and cost as a barrier. Other seniors want to see more movies in their language and from their country of origin.

Arts and Culture: Many seniors, especially those from European backgrounds, spoke of their love of music, opera, ballet and the theatre. Major barriers to attendance were cost, transport and the fact that most events are staged at night.

### *What service providers and volunteers told us:*

Ethnic service providers and volunteers often spoke about the inadequacy of mainstream agencies’ response to seniors of CALD background. One worker said:

*“The problem is often that mainstream agencies are not able to cater for seniors of CALD background.”*

Some issues raised by ethnic workers and volunteers included the lack of cultural security and cultural competence of the agency and staff, the lack of availability

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and/or failure to use translators/interpreters, lack of cultural awareness among mainstream service providers, failure to have information available in various language formats, inability to communicate with CALD seniors and the failure to take advice from ethnic workers and volunteers.

### **3.1.6 Transport**

#### *What CALD seniors told us:*

Transport is one of the most critical factors affecting CALD seniors' community participation and was raised in every discussion group. Public and community transport is a lifeline for many seniors. Without access to affordable and appropriate transport, particularly public and community transport, the capacity for community participation is limited. Poor transport or lack of access to transport restricts opportunities for participation. In every discussion group public transport, particularly buses, was the major means of transport used by CALD seniors.

The majority of CALD seniors consulted are totally or heavily reliant on public and community transport, particularly buses, to participate in community activities. Some seniors report using buses up to five to six times per day. Others rely on family members or community transport to participate in community activities. Only a small proportion drive their own vehicle and/or can regularly rely on family (children) and friends for transport.

Members of the seniors' group from the former Yugoslavia travel from all over the city by public transport (train and bus) to participate in the weekly group, despite their lack of English. Members of the Spanish-speaking seniors' group that meets weekly at Australia Asia House travel from as far away as Rockingham, Fremantle, Wanneroo, Quinns Rock, Bedford, Alexander Heights, Balcatta, Doubleview, Balga, Currambine, Mt Hawthorn and Highgate. Again few speak English. The majority travel by public transport and some who live nearby are collected by community bus.

Similarly, many participants in the discussion groups with Mandarin and Cantonese speaking seniors travel long distances to participate in community activities. Lack of English language proficiency was not a barrier to their use of public transport as they know the routes and how to get to places. Consistent difficulties for seniors who use public transport are the distance between where they live and bus stops and train stations, and the limited number of buses on Sundays. One Polish senior said:

*“They say use public transport but how can you if you have to walk 2 miles to get there and then on Sunday there are no buses.”*

Free bus travel on Sunday is one public policy that directly assists many seniors to participate. Seniors consulted across discussion groups report that they make use of free bus travel on Sunday and value the concession as a way to get out of the house

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and do things out in the community. A number of seniors told us that they get on the bus on Sunday and just travel around the city for something to do. A man in the Mandarin-speaking discussion group said:

*“On Sunday I go for free on the bus to anywhere just to kill time.”*

Many wanted free bus travel extended to include Saturday as this was a day when they could go out and do things.

Seniors described how a lack of transport acts as a barrier to their community participation:

*“I’d go the cinema if I could but there is no transport.”*

*“Even if I could save enough to go to a matinee performance every now and then, I would have no way of getting there.”*

Many seniors want to be able to visit friends more regularly, but were restricted by lack of transport.

*“I would like to visit friends and relatives more freely but can’t.”*

*“We would like to go on more outings away from the city.”*

*“To go and visit other seniors who are stuck in their homes or nursing homes.”*

Community transport, that is buses provided by government, non-government and community agencies, is critical for many seniors, who by virtue of their lack of English, or lack of mobility and capacity to access public transport, are otherwise completely isolated in their own home. One of the advantages of day centres run by local government and ethnic community groups is that they collect seniors from their homes in community buses. This mode of transport is highly valued by seniors and essential for their community participation. A senior who is also a volunteer driver for a number of centres said:

*“The buses are important way to pick people up from their own homes. Otherwise they would have no way of getting out of the home.”*

We heard of many examples of CALD seniors who were only able to get out of their homes and participate in the community because they were collected from their home by community transport (buses<sup>7</sup>). The coordinator of an Asian seniors’ group said:

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<sup>7</sup> These buses are provided by local government centres, day centres, ethnic centres and groups and non-government community groups.

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*“The majority of seniors here rely on the bus to pick them up and bring them to the Centre twice a week.”*

Some seniors who attend HACC funded day centre programs observed that they were out in the community a lot more since they started at the day centre, not only because they had transport to the centre, but also because they could participate in outings to community events, picnics, beach trips etc that the day centre organised using its own bus.

*“I am out and about much more since I started to come here. We go to good places. I have more to look forward to each week.”*

*“It’s made a difference coming here. I used to just sit at home all day. I’ve even been to Mandurah.”*

The limited availability of community transport prevents many CALD seniors from being more involved in their community. One strategy for increasing community participation is to increase funding for and availability of community transport through local government authorities, community groups and non-government agencies.

The reluctance of Councils to provide community transport services across LGA boundaries presents a particular problem for CALD seniors where there is a need for them to travel outside their LGA. This may be because of the distance they have to travel or because there is no adequate place for them to meet with seniors from the same cultural and linguistically diverse backgrounds within the LGA in which they live.

Seniors also spoke of the difficulty of getting to the doctor without transport. Medical surgeries are often inaccessible through public transport routes and taxis are expensive. A Polish senior said:

*“It is very important to have transport for doctor’s appointments and to have discounted travel for basic things.”*

The cost of public transport was an issue for many seniors because of the number of times they used buses and trains on a daily or weekly basis or because of the distances they had to travel. One Italian senior talked about how much it cost her on a weekly basis to use public transport. She used buses up to four times per day, at least four to five days per week and sometimes every day. She lives in the City of Melville and each week makes trips to Fremantle, Perth, Garden City, Spearwood and a seniors’ day centre in Willagee. Trips are for a variety of purposes, such as visiting family and friends, shopping, attending Italian groups and day centres, outings and daily activities such as banking and paying bills. Participation is an expensive exercise for her.

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Polish seniors spoke about the cost of transport in terms of the distances they have to travel. The further the distance to be travelled the greater the cost, particularly if they rely on taxis.

*“The distance makes a difference in terms of how much we have to pay.”*

*“Depends on how far I have to go. When I go to the Doctor that’s some distance.”*

For some seniors language barriers also have to be overcome. A number of seniors with limited English proficiency report difficulties in arranging taxis.

Transport at night time can be a problem for seniors who want to go out. Safety on public transport at night time is a concern for many, as are the distances they have to walk from the bus stop or train station at night. Taxis are often too expensive, particularly if a long trip is required.

Taxi vouchers are valued and used by many seniors, although others report a variety of problems with the taxi voucher system. Issues identified were the bureaucratic and time-consuming nature of the process, the inability of seniors to get a voucher despite having all the documentation, including a recommendation from their doctor, and the lack of reasons given for rejections. A Greek senior told us that he had been refused constantly for a voucher:

*“This is a problem for me. I can’t go anywhere.”*

Polish seniors spoke of the difficulties involved in getting a taxi voucher:

*“They kept saying you have to be blind.”*

*“It’s very difficult to get one even if doctors say you can get one.”*

A Macedonian senior said that he and his wife were rejected but they did not know the reason why. He said:

*“The GP was really good. He gave us a lot of information. The doctor said we should get it but they found some loophole”.*

Many seniors expressed frustration at the decision-making process used for allocating taxi vouchers. Doctors’ recommendations are often ignored and reasons for non-allocation rarely given. Seniors felt that the policy seemed to be to restrict access to vouchers. One senior who had a doctor’s recommendation that a taxi voucher was required said:

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*"I think they looked at me and said she does not have major disability so she does not need one."*

For seniors without access to taxi vouchers, the cost of taxis makes community participation more difficult, particularly if they are unable to use public transport, or if where they want to go is not easily accessible via public transport. One senior who worked part-time and who had been rejected a number of times for taxi vouchers, despite her doctor recommending that taxi vouchers were required said:

*"Taxis are not cheap. I have to take that as it is my major transport. Half my pay went to taxis."*

Another concern is that some taxi drivers are unwilling to take seniors for short trips. One senior told us:

*"Taxis say they won't pick someone up because where they want to go is too close."*

African seniors spoke of difficulties associated with the process for gaining a driver's licence. Particular mention was made of the computer test and that everything is in English. For CALD seniors who are illiterate, who have difficulty with English or are very shy, the process is seen to be intimidating.

*"Some of the elderly people want to drive but because they can't speak English well they can't learn to drive on the computer."*

*"The driving issue is very serious. You have to go so far to places you depend so much on your car here. The majority of people can't pass the test."*

In terms of public transport, seniors were appreciative of the accessibility and appropriateness of the public transport system. Positive aspects identified were:

- Design feature of buses that make it easier for seniors to get on and off eg lowering of the step.
- Courtesy and friendliness shown by bus drivers and train staff.
- CAT system in the city.
- Free public transport on Sunday.
- Low cost of public transport for seniors. For seniors who use public transport a lot fares do consume a substantial proportion of their limited income.
- The concept behind the Circle Route (although it was identified that one route is not enough).

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Negative aspects mentioned were:

- Infrequency and lack of buses on weekends which is often the times when the seniors want to go to places.
- Number of bus changes that seniors have to make to get to places.
- Frequency of bus schedules, eg buses come infrequently, waiting times are too long. This was a problem for seniors with mobility problems. A Chinese senior said:

*“They should make the intervals for buses denser because we old people walk slower and if we miss the bus we end up having to wait one or two hours for another one.”*

- Poor alignment of bus routes that create difficulties getting from and to places that are relatively close because the buses run into the city and out again.
- Distances that seniors have to walk to a bus stop.
- Buses that don’t run on time.
- Ticketing system eg Seniors suggest a multi-rider system that covers a longer period of time, for example up to 12 months.
- Drivers who take off before seniors sit down.
- Drivers who don’t lower the steps for seniors.
- Failure of some people to give up seats designated for seniors.

Many seniors consulted said that they did not take up the offer of a free train trip each year, mostly because of the cost of accommodation at their destination. Some said that they would like to see a more flexible offer from the government, such as the ability to use their free pass for two single day “Pensioner Special” coach trips to destinations such as Mandurah, York or the Swan Valley.

### *What service providers and volunteers told us:*

During the research, representatives of many community groups and non-government agencies spoke about the lack of funding and resources (buses, drivers and staff) for community transport. A consistent view was that seniors’ community participation could be increased if the agencies in direct contact had greater access to buses and other resources for community transport.

Some service providers expressed the view that public transport was not easily accessible for many seniors. One said:

*“A lot of CALD seniors are reluctant to use public transport due to mobility concerns.”*

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Some community organisations said that a lack of transport for seniors who “were not bad enough” for HACC services was a major concern. Services try to reach out and include those seniors in activities, especially those who have lost a spouse. Without any funding it is difficult, because members live all over the metropolitan area and the logistics of having them picked up to come to the clubs is challenging.

### **3.1.7 English language and community participation**

#### *What CALD seniors told us:*

The literature review highlights that lack of proficiency in English is a major barrier to community participation for CALD seniors. For example, lack of English proficiency is a major barrier to accessing health and community services (Orb 2002) and makes the management of daily affairs more difficult (Thomas 2003).

Discussion groups confirm that for CALD seniors a lack of English proficiency can and does limit community participation, constraining what seniors can do and with whom. Some comments made by seniors were:

*“I can only do things with people who speak my language.”*

*“I’d like to do more things with different groups but I can’t speak English.”*

*“We want to mix with people from different cultures but we can’t because of the language.”*

*“We get a seniors’ free public transport pass but we can’t read or speak English so we can’t use it.”*

Daily tasks such as shopping and going to the doctor are a major challenge, particularly if GPs don’t have access to interpreters. Seniors are very dependent on children and friends to translate for them.

*“When I am sick I need my daughter to take me to the doctor. I need someone to speak English.”*

*“I need to tell the doctor to book a translator.”*

*“I take a friend who speaks English.”*

Access to bilingual workers, interpreters and translators is vital for community participation; however there is some evidence that translators are primarily used in hospitals rather than community settings (Orb 2002). This issue was discussed earlier in 3.1.5. One senior, who is also a volunteer and worker at a community agency, said:

*“We used to use TIS much more but they have limited hours now.”*

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Issues raised about interpreters and translators were:

- Some medical practitioners say they won't book translators because they have to pay
- TIS may not have an interpreter available
- Some medical practitioners don't know how to access translators
- Seniors have difficulty explaining complicated symptoms to health professionals, even with interpreters.

Seniors spoke about the ways that a lack of English proficiency intensifies isolation as it affects all facets of their daily lives. An African senior put it this way:

*"Regardless of where you come from this is a problem we all face."*

In several groups, considerable peer support was evident in that those who were proficient in English ensured that their non-English speaking friends were included in the discussion by adding to the interpreter's efforts, and by advocating for the need for their non-English speaking friends to have access to English classes.

Conversely, those with good English identified that their English language skills made a big difference to their enjoyment of community life. As two men from Holland said:

*"We just think of ourselves as Aussies. We do everything that other old Aussies do."*

A group with participants from a number of European countries said:

*"English is our first language, we have all spoken English for much longer than we spoke our native tongue, we're no different to other Australians."*

A group of Polish seniors agreed that speaking good English helped to make them feel part of the community:

*"We speak Polish when we come here, (a community Day Centre) but the children and grandchildren only speak English, our neighbours and friends speak English, so we do too, it's just how it is, we don't even think about it."*

CALD seniors raised many problems with English language classes available through TAFE and other places. The main issue raised was that teachers speak English and not the language of the seniors. Seniors felt that they could learn English better if they were taught by people who could speak their own language, as well as English. A Somali senior said:

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*“They send us to school but teachers speak English. No matter how hard we try we can’t learn that way. We need assistance of people who speak in our language and then teach us English.”*

There is great enthusiasm among many seniors consulted for learning English but there is a lack of programs that are appropriate for seniors, particularly seniors from culturally and linguistically diverse backgrounds. A common theme was that seniors with no English or minimal English would like to access social English language classes that were specially for older people and that were held at somewhere they felt comfortable, such as a Day Centre, multicultural centre, or ethnic social club.

These findings are supported by the literature review. Canadian research shows that an effective approach to English language classes for CALD seniors requires that language classes have to do more than assist seniors to learn English. They should also build social networks, convey information about access to services, health and programs, and foster new friendships among persons from diverse backgrounds (Canadian National Advisory Council on Ageing 2005).

A few CALD seniors consulted believe that learning English is too hard or that they are too old. One senior expressed a view heard across many discussion groups:

*“We are too old to learn English.”*

### ***What service providers and volunteers told us:***

Service providers were forceful in identifying lack of English proficiency as a major barrier to community participation. Reflecting the view of others, one service provider commented:

*“They want to learn more about other culture and Australia but they can’t communicate.”*

Service providers suggest that for many CALD seniors the issue is not just proficiency in English, but a lack of confidence in using English. A service provider said:

*“It’s not necessarily a lack of English that’s the problem. Some can speak English it’s more about a lack of confidence.”*

Another service provider agreed. She felt that many seniors whose conversational English is good still lack confidence in English in open community settings and that this prevents them from accessing mainstream services and participating in wider community activities.

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Service providers believe that many seniors want to learn English but it is difficult to find appropriate ways for them to learn. Most English language classes are deemed inadequate for seniors of CALD background. Most seniors are years away from structured learning experience and some have little formal education and don't read or write. Others do not think about learning a language. Few are likely to enrol in a structured or formal program. A number of coordinators of seniors' groups and day centres told us that, despite their efforts, they had found it difficult to find teachers who could teach English to CALD seniors.

Service providers and workers who are not bilingual are sensitive to the problems of seniors' lack of English proficiency and identify it as a major barrier. They identify many examples where CALD seniors' participation was hindered by a lack of English and that CALD seniors are reluctant to participate as a result. One service provider acknowledged:

*“We are not a linguistically appropriate service for CALD seniors. We have a range of carers but the carers can't speak the language.”*

Service providers identify problems with the lack of bilingual workers. Issues include:

- Lack of resources to employ bilingual workers
- Difficulty of recruiting bilingual workers, particularly in rural areas
- Difficulty of finding bilingual workers to speak the diversity of languages that clients speak.

Service providers report that one consequence of the lack of bilingual workers and the difficulty of obtaining translators in community settings is an over-reliance on family and friends to translate.

### **3.1.8 Social connections and networks**

Social support and networks play an important role in facilitating community participation. Social networks suffer as people get older and it becomes harder to make new friends. Social networks are particularly important for seniors with limited English, who can receive support and solidarity from others who speak their language. Difficulties in making friends and language problems intensify social isolation (Thomas 2003). Social isolation and lack of social networks can stop people from interacting and participating in their community.

#### *What CALD seniors told us:*

Often social support is provided through ethnic and multicultural day centres, senior citizen centres, church, ethnic community groups and non-government and community organisations. However many CALD seniors are unable to access such services or don't know they exist.

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The importance of multicultural day centres and ethnic community groups in providing social support and social networks for CALD seniors was clearly evident throughout discussion groups.

For many of the Mandarin and Cantonese speaking seniors their weekly or twice weekly outing to Chung Wah Association, to meet with people of the same background, who speak the same language is their major social activity and means of social support. This was a consistent finding across discussion groups.

Social support from seniors of a similar cultural and linguistically diverse background is often an important motivator for community participation. One senior from the former Yugoslavia said:

*“I want to feel at home here, to speak our language and to meet new people.”*

Friends and family often encourage community participation.

*“My friends told me about this group. That’s why I come.”*

Social networks with people of similar cultural and linguistically diverse background lead to the development of a sense of social solidarity and support. A Portuguese senior who is part of a regular weekly group said:

*“People in the group assist others out. We like to help each other out.”*

Meeting regularly with other seniors of a similar cultural and linguistically diverse background is important for affirming identity, providing social support and overcoming the isolation that result from language difficulties and the loss of contact with people. One senior who coordinates a weekly group said:

*“The group gives people support. On their own they would suffer but they have a time to talk and share.”*

For many seniors from the former Yugoslavia building social networks and friendships has been an important precursor to wider community participation.

*“We visit people in nursing homes and talk in our language and we meet others from Yugoslavia who have lost their language.”*

Regardless of whether they speak English or how well, CALD seniors consistently report that they value and appreciate the opportunity to meet and participate in

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activities with seniors of the same national and linguistic and cultural background. For many this does not minimise in any way their desire or wish to meet and participate in the wider community.

*“Now that my husband is gone, it’s the only time I get to speak German, so yes, it is important for me.”*

*“My children used to be able to speak a bit of Russian but they never do any more because the children only speak English. They have just about forgotten Russian. Maybe I would too if I didn’t see my Russian friends.”*

In addition, other CALD seniors spend time with people of other backgrounds, perhaps at day centres or community centres, or if accompanied by their children. Language difficulties are often a barrier to spending time with people of different cultural and national backgrounds.

A consistent theme across discussion groups was that women are better at making social contacts and building social networks than men, and are more likely to participate in their communities. Concern was raised about men’s lack of social networks and isolation, particularly men who were single or who had lost wives. One woman said:

*“For single men and men who have lost wives it is very tough. They are often completely alone, depressed and don’t want to do anything. They are isolated and don’t want to try.”*

Seniors with social networks and connections appear more likely to participate in community activities. Friends who speak the same language are often the source of information about things to do and places to go. Seniors can do things more easily with friends and family who can also support, inform and convince them to participate in particular activities.

Another important issue affecting community participation appears to be the length of time in Australia. Seniors who lived in Australia for some time and who have aged in Australia report greater community participation than more recent arrivals and/or seniors who have come to Australia as seniors. However, this is reliant on English language proficiency. Some seniors interviewed who have been in the country for long periods but speak little English are limited in community participation.

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### **3.1.9 Contribution to community and civil society as a form of community participation**

#### *What CALD seniors told us:*

A common theme across discussion groups is that CALD seniors make considerable contribution to their own communities and to the wider community. Many seniors are active community participants as carers, friends, paid workers, volunteer workers, community leaders, organisers, activists, members of management committees and groups. In these roles they engage within their own communities and across other communities. They bring a wealth of expertise, life experience, knowledge, skills and energy. Community contribution is a significant form of community participation.

Many seniors are involved in voluntary work, although they do not describe what they do in those terms. Activities are viewed as an extension of daily life, as a way to make a contribution to the community and as a way to assist others. Activities might include visiting and speaking with seniors in their language, teaching and speaking English, visiting seniors in their own homes, cooking for seniors, shopping for seniors, involvement in ethno-specific community activities such as ethnic radio, involvement in committees, and activities associated with the church such as doing the flowers, polishing artefacts etc.

Many CALD seniors involved in voluntary work prefer to do voluntary work with people of the same or similar cultural and linguistically diverse background. One senior said:

*“We like to do volunteer work at Chung Wah Association because the people there are the same cultural background.”*

Health and mobility constraints and lack of transport limit CALD seniors' voluntary work. A proportion of seniors interviewed had previously been involved in voluntary work for community and ethnic agencies; however health and mobility problems meant they were no longer able to. Others report that the amount of voluntary work they do depends on how well they feel. One said:

*“I can do 5 days a week. If you're feeling good then you might go everyday but if you're feeling bad only a few days.”*

### **3.1.10 Computer usage**

#### *What CALD seniors told us:*

CALD seniors report limited use of computers and the internet. A very small percentage, probably less than 2% of the CALD seniors consulted, appear to have access to and use a computer. Issues raised across discussion groups include lack of interest, poor memory span which makes learning how to use computers difficult, lack of money (to purchase a computer, update an old computer, buy software and

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printer or afford an internet connection), lack of understanding and the fact that computers require a high level of English proficiency. Many seniors report that they see no reason for using a computer. One Sri Lankan senior who is a regular writer put it this way:

*“Why do I need a computer when I have a typewriter?”*

A Polish senior said:

*“We never try. We are getting too old for the computer.”*

Many seniors saw little reason for using a computer to communicate with friends and family. A senior said:

*“I am a telephone person. Not computer interested.”*

For seniors with limited English proficiency a major barrier is that computers run in English format. Comments made include:

*“The computer is always in English... it’s useless to me.”*

*“Computers are English, not my language.”*

*“Even if we have computers we can’t use them because it is in English format. We may know how to use it but only in Chinese.”*

*“The Chinese format computers are compatible with both Chinese and English programs but English format computers can only run English.”*

Seniors who use computers report that the main reasons are for work and sending e-mails to family and friends. One Polish man told us that he used computers daily for sending e-mails to children around the world and for banking. Other reasons include leisure activities (such as cards and other games), looking for work, reading overseas papers, and work-related use.

A number of seniors report that they have participated in computer classes, often through seniors’ centres, ethnic community groups and adult education colleges, such as Canning College. A number of seniors who have completed computer courses told us that they don’t have the money to buy and run a computer. Some seniors report that children and grandchildren try to teach them how to use the computer with mixed results.

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## 3.2 Satisfaction with community participation

*What CALD seniors told us:*

### **Lack of desire for community participation**

Community participation and involvement is not something all seniors aspire to. Not all seniors consulted want to participate in community activities. Some prefer to stay at home and see no need to participate in the community. A consistent view across different cultural and linguistic groups was that many seniors are busy enough and happy to remain primarily at home. Some want to rest and enjoy their retirement. Others are heavily occupied with family responsibilities and have limited uncommitted time. Comments made include:

*“I enjoy doing a lot of things at home. I never stop working there.”*

*“We worked so hard. It’s time for us to retire. I don’t need to do more things.”*

*“We are always busy. No time for much else.”*

*“I’m busy enough with my family and grandchildren.”*

Others are happy to attend a day centre or community centre or community group occasionally, or perhaps once a week. Others report that they are busy enough at home and/or involved with family activities and are happy with that arrangement. An Asian senior said:

*“I like to do housework more than communicate with people.”*

Many seniors expressed a wish to participate in more activities in their community but were unable to due to some of the barriers described below.

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### **3.3 Barriers to community participation identified by CALD Seniors**

#### *What CALD seniors told us:*

Seniors identified a range of barriers to community participation and these fell into three categories.

#### **3.3.1 Barriers that relate specifically to culture and language**

Lack of English proficiency is clearly the most significant barrier to community participation. This issue has been discussed in detail in 3.1.7.

Other barriers include lack of family connections and relationships, lack of social networks and connections with others of similar cultural and language backgrounds, the negative effects of the settlement experience (how recently they arrived in Australia, community and family support) and the legacy of trauma resulting from the migratory experience or experiences in one's country of origin.

Family factors can hinder seniors' community participation. For example, home-related duties, responsibilities for a partner, children or grandchildren, lack of encouragement and support from family members for community participation, and attitudes of children and other family members, can all limit participation.

Cultural and religious traditions, attitudes, beliefs and customs can act as barriers to community participation. Many communities place responsibility to family ahead of wider community participation. Vietnamese seniors are very shy away from other Vietnamese people. For Muslim seniors, religious and cultural traditions and attitudes about food and alcohol can limit the extent to which they participate in the wider community.

Activities, programs and services that are not culturally or linguistically appropriate to seniors also act as a barrier to participation.

Racial discrimination and vilification also limit community participation. This is a major issue for Muslim and African seniors and is discussed further in 3.5.5.

#### **3.3.2 Barriers that relate to all seniors**

Many barriers to community participation affect all seniors, not just those of CALD background. Aside from transport and language barriers, which have already been discussed, other barriers identified include:

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Lack of awareness and information about activities: One of the major barriers is CALD seniors' lack of information about activities. This emerged across all discussion groups. For seniors with limited English this barrier was even more significant. Bahai seniors from Iran said that they did not do things outside their community as they had no idea what was available to them. Mandarin and Cantonese speaking seniors spoke about the lack of information about activities as a reason why they did not do things. Another example was that none of the Seniors who expressed a wish to attend more arts-related activities were aware of the regular seniors-focused day time programs run through His Majesty's Theatre.

Lack of money (to pay for things): Lack of money is a major barrier to community participation for many seniors. The cost of activities and services was cited as a major barrier. Specific mention was made of the costs of phone calls from home telephones, visits to doctors and health services, entry fees to places, costs of certain activities. Many do not have the disposable income to participate. As one senior said

*"We are all on a pension we can't afford to go out."*

Lack of time: For some seniors time is a barrier to community participation. They talk about there not being enough hours in the day to participate.

No one to go with and anxiety about going alone: A few seniors reported that lack of a partner or someone to go with was a barrier to community participation.

Lack of affordable, challenging and appropriate activities: Many seniors in discussion groups expressed frustration that the activities currently available for CALD seniors are not challenging or stimulating. One senior said:

*"What's available is not for me. Bingo, cards all that stuff. Nothing like that interests me. I want more challenging things to do. Women in their 60s like me don't want to play bingo."*

This was a consistent theme expressed by men and women across discussion groups. A proportion of seniors expressed a desire for activities and opportunities that challenge them intellectually and mentally. One senior said:

*"I like to use my brain."*

A proportion of seniors expressed dissatisfaction with many of the traditional types of activities on offer, such as bingo and cards.

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Health and mobility problems: Poor health is a major barrier to community participation. For many seniors the poor state of their health and lack of mobility limits their participation. A senior from the former Yugoslavia said:

*“There are a lot of things I’d like to do but my health does not permit me.”*

An Italian woman put it directly:

*“A new pair of legs I need. Give me a new pair of legs and I could do more things.”*

### **3.3.3 Systemic barriers (policy, program and service-related barriers)**

It is widely recognised that most systems and services in Australia are ill-prepared to serve the needs of an increasingly diverse population of seniors of linguistic and cultural backgrounds (Orb 2002). Many barriers to community participation by CALD seniors are systemic in nature.

Waiting lists: Waiting lists were identified by seniors as a constant source of frustration and as a barrier to participation. As one senior from the Indian subcontinent said:

*“They have a waiting list for everything.”*

An example is that some seniors report that they often had to wait to get an appointment with a doctor. Hospital and health care waiting lists were a source of frustration for many CALD seniors.

User pays policies: Many seniors spoke about user pays policies that made it more difficult for them to participate in the community and activities. The increasing cost of many basic services was mentioned by many seniors. Examples are the rising costs associated with home telephones, public utilities (gas, water, and power), health services and health insurance.

Residential location and urban environment: including distance from services and geographical isolation. Many seniors spoke about the large distances they had to travel to do things as a barrier to community participation. A Spanish speaking senior said:

*“Distances are so large here it is difficult to get out and do things and see other people in their homes.”*

Poorly designed urban environments also made community participation more difficult. Issues mentioned include distance to shops, distances to bus stops and train stations, lack of footpaths and poor quality footpaths, lack of community

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facilities, and distance to doctors and health facilities. A senior from the former Yugoslavia said:

*“I have to travel so far to do things. Everything I want to do is so far away.”*

This problem is compounded at night-time if seniors want to go out. Comments were:

*“Getting places in the evening is really hard. I can’t get there at night. It’s too far. Costs me a lot of money for a taxi if I want to go to places from where I live.”*

*“Our club used to have night-time activities but they had to stop because now we are all getting older, we can’t get there.”*

*Lack of access to bilingual workers and translators:* These might include the lack of access to bilingual workers and translators in mainstream services such as hospitals, GPs, government offices, social and community attitudes, lack of employment.

*Culturally inappropriate services and attitudes:* A theme across discussion groups was frustration with government and businesses who fail to explain clearly the reasons for rejecting requests for services from seniors.

*Lack of employment and work:* As discussed in 3.1.4, many seniors, particularly those aged under 70 see paid work as the main way to participate. Without paid work they feel excluded from their communities.

*Transport:* This issue was discussed in detail in 3.1.6.

*Subtle forms of exclusion:* Seniors describe subtle and less obvious actions that led them to feel excluded. One example was the impatience shown by many Australians for those who spoke limited English.

*Racial vilification and discrimination:* This issue is discussed in more detail in 3.5.5.

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### **3.4 Participation in ethnic, language, community or mainstream groups, programs and activities**

#### **What CALD seniors told us:**

This is a complex issue and the research uncovered considerable variation in the ways seniors participate. Generalisations are difficult, as findings tend to be specific to each person and their circumstances.

For a considerable number of seniors consulted across all discussion groups, community participation is limited to involvement in once weekly or twice weekly activities with people of similar cultural and linguistically diverse background. This can include participation in activities and outings at multicultural centres, local day centres, ethnic agencies, community centres, local government facilities and other community locations. For a sizeable number of seniors this is their major form of community participation.

Whilst this is the preferred option for many, for others it results from a combination of circumstances, particularly lack of English, as well as lack of broader social networks, lack of other options, lack of transport and contact and referral and contact by community and ethnic agencies. For example, many of the Spanish seniors consulted either do things on their own or with Spanish-speaking people. This finding was consistent across many discussion groups.

A substantial proportion of seniors consulted report that they want to participate in activities with people of similar cultural and linguistically diverse backgrounds when it suits them, as well as with people of other cultural and linguistically diverse backgrounds and those from the dominant Australian background. Seniors who speak English have this choice and the majority of those consulted report that they prefer to participate in ethnic, cultural and language specific groups and activities, as well as mainstream community activities. For seniors who speak little English it is more difficult to participate in mainstream activities with people who speak English. In general, CALD seniors who speak limited or no English participate with people and groups of similar linguistic or cultural background. They have no other choice.

Some seniors participate in ethnic community groups or clubs other than those of their country of origin or cultural and linguistically diverse backgrounds. This may be because of a shared linguistic, historical, geographical, cultural or political connection, or they have developed relationships here in WA. For example, some Greek and Macedonian seniors participate in different ethnic groups and clubs, as well as their own. A number of seniors from Central and Eastern Europe participate in activities organised by groups, clubs and centres for people of different cultural and linguistically diverse backgrounds. Language proficiency is still an issue if English is not the main language spoken. A senior from Eastern Europe said:

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*“If you go the other places you have to speak their language.”*

Some seniors who have lived in Australia for a long time and who are highly proficient in English language skills don't identify with or participate in activities with particular cultural or linguistic groups, but see themselves as part of the community as a whole. They locate themselves as part of the wider community and identify with and participate in that “wider community”, rather than with those of similar cultural and linguistically diverse background.

An important advantage of seniors being involved in ethnic community centres and groups is that some of the cultural and linguistic barriers to participation that exist in mainstream services can be overcome. There is a greater understanding and appreciation of cultural identity and cultural attitudes and beliefs, and seniors can obtain the support of other seniors from their particular cultural and linguistically diverse background, particular if they are only conversant in the language of their country or area of origin.

There were a small number of seniors with limited English who report that they do not want to participate in activities with people of a similar cultural or linguistic background. This appears to be the result of political, religious, cultural, geographical and historical differences between peoples from their country of origin.

For a proportion of seniors consulted, community activities and programs provided by ethnic or cultural groups are not always accessible or appropriate to seniors. For example they may be too costly, provided in the evening, provided too far away from where the seniors live, or they are designed for younger people and adults. Lack of access to transport is a major barrier.

There is a strong tradition of ‘self help’ among many ethnic communities resulting in the establishment of formal centres, clubs, groups, agencies and support structures tailored to meet the needs of specific cultural groups. These services are often the main contact point for CALD seniors. Currently, many of these community groups and organisations act not only as primary providers, but also as a primary site for seniors’ community participation. However many of these groups and organisations are unfunded or receive limited and insecure funding to support the demands being placed upon them because of the inaccessibility of mainstream community opportunities and activities.

### *What service providers and volunteers told us:*

Many service providers consulted said that CALD seniors seem more comfortable participating in multicultural and ethno-specific settings, services and activities where there are people of a similar cultural and linguistically diverse background and/or people of a range of cultural and linguistically diverse backgrounds. Service providers felt that the key issue is not specifically the presence of seniors from the

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same country of origin, but rather the primacy given to a multicultural or ethnic-specific approach to the setting, service or activity. Many CALD seniors feel more comfortable in such a setting where as one service provider put it:

*“...where there is a range of cultural and linguistically diverse backgrounds and everyone is in the same boat as it were, so they feel more at home.”*

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## 3.5 Successful ageing and social and community attitudes towards CALD seniors

### 3.5.1 Remaining active

#### *What CALD seniors told us:*

A common theme raised across discussion groups is the importance of remaining active – physically, work/employment, intellectually, socially, linguistically and mentally. Many seniors spoke about a strong and positive state of mind as being important for community participation and active ageing:

*“You need strength of will and a positive state of mind. If you are physically unwell and there are other problems it does tend to drag people down.”*  
*“I don’t want to sit in the corner and die.”*

Having friends and not being lonely was identified to be important by many people, as was maintaining independence and not having to rely on family members. Physical activity figured prominently in discussions about seniors’ current and desired activities.

Some people commented that successful ageing included not having to worry about how things would be at the end of life. For several they wanted reassurance that if they needed nursing care, it would be available in a facility with staff who spoke their first language, where the food was culturally appropriate etc. Several Dutch people expressed concern at their inability to choose euthanasia in Australia.

As people age they may lose their independence and autonomy and become more vulnerable and dependent. This can be compounded for seniors from CALD backgrounds who face the “double jeopardy hypothesis” of vulnerability that results from being of a culturally and linguistically background with limited English proficiency and ageing.

### 3.5.2 Recognition, respect and feeling valued

Overall, seniors felt valued and respected within their families and ethnic communities.

Many seniors spoke of social and community attitudes that result in them feeling devalued and underappreciated for the contributions they have made and could make, and the experience and wisdom they possess. Many spoke with passion about the lack of social and community value and recognition of seniors and CALD seniors in particular. One senior who was active in community groups and civil society said:

*“We have such incredible experience that we are not able to use.”*

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Other comments were:

*“We are a wasted resource.”*

*“There is an incredible lack of valuing of us seniors as a community resource.*

*We are just forgotten.”*

*“We are invisible, no value.”*

*“There is such non-acceptance of seniors who don’t have good English skills.*

*People are less friendly if you don’t speak English.”*

Seniors identified a general lack of respect among the dominant culture for the contribution and experience of seniors generally, and a lack of respect from some specific groups. This affected their capacity and motivation to participate in areas where they felt disrespected.

Some groups mentioned as displaying a lack of respect for CALD seniors, included employers, some medical practitioners and some young people.

Employers came in for criticism, due to their unwillingness to employ seniors from CALD backgrounds. A number of seniors felt their capacity to participate in the community through being in the paid workforce was limited as a result of negative employers’ attitudes and practices.

Although many seniors were appreciative of medical practitioners, some came in for criticism due to their attitudes to seniors of CALD backgrounds. Concerns relate to the ways doctors handle cultural and linguistic issues, for example non-use of interpreters, and others involve doctors’ attitudes towards seniors. This included not listening to seniors, not taking the time to explain things to seniors, an over-reliance on medication, and a tendency to attribute all problems to the effects of ageing. For some seniors, these negative experiences affect their willingness to go to the doctor, or result in them having less contact with doctors.

A number of seniors expressed concern about the self-focused and individualistic and material aspects of Australian life and a hardening of attitudes to people of cultural and linguistically diverse backgrounds. Some found it difficult to understand the changes they saw occurring around them.

*“I came here in the 70’s. Cultural attitudes are so different now.”*

Other seniors, for example Muslim seniors, described numerous examples of disrespect and abuse directed at them, particularly at Muslim women, as well as Muslim men and children. This issue is discussed in more detail in 3.5.5.

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### 3.5.3 Positive experiences of ageing

#### *What CALD seniors told us:*

The most positive aspect of ageing for CALD seniors is family, children and grandchildren.

Many seniors are happy to be ageing in Australia rather than their country of birth or origin. Comments were:

*“It’s better to be getting older in Australia. We have the pension and a roof over our heads. It’s tough back home.”*

*“I’m settling here now. I love Australia but my mind is still in Yugoslavia.”*

*“WA is lovely place to live.”*

*“The assistance the government here gives compared to our country is excellent.”*

*“There could be no better place in the world to get old.”*

*“We have it so good here. Life for my cousins in the old country is very hard, old people there are just a burden.”*

*“The government does so much for us. It is lucky for me to be here.”*

*“The attitudes of doctors here is better.”*

*“The government looks after us well.”*

Other issues raised by CALD seniors include:

- The excellent quality of health services available in WA
- The beauty of the natural and physical environment
- The benefits of political freedom.

### 3.5.4 Negative experiences of ageing

#### *What CALD seniors told us:*

A common theme across discussion groups was the negative experience and fear associated with the ageing process. Fear and anxiety about ageing was common:

*“I am scared to be old, scared to be sick and lonely.”*

*“Who said it is good getting older?”*

For many seniors, lack of English proficiency compounded the negative experience of ageing. One senior said:

*“Not being able to talk and communicate with others is very hard.”*

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Other negative aspects of ageing identified by CALD seniors include:

- Failing health and appearance
- Loneliness and isolation, depression and stress
- Loss of a partner
- Not being able to get culturally appropriate residential aged care
- Inability to get out of the house, due to lack of transport, lack of mobility, lack of money, lack of things to do.

Loss of contact with friends and family: Many seniors spoke about the loss of contact with families. The view of one senior echoed those of many others:

*“The children are busy with their families. I don’t want to be a burden on them.”*

In some cases, family conflict and tension had resulted in loss of contact with children and other family members.

Financial insecurity: Many seniors talked about the difficulties of surviving on limited income and a pension.

Housing circumstances:<sup>8</sup> Seniors in the rental market expressed concern about their circumstances. Concerns raised about Homeswest accommodation included:

- Poor quality of accommodation
- Falling off the waiting list if they are offered sub-standard accommodation which they refuse
- Inappropriate accommodation, eg two women had been allocated housing in a block of flats with men with mental illness or alcohol problems
- Poor maintenance of properties
- Unwillingness or inability of Homeswest staff to understand the circumstances facing CALD seniors, eg language difficulties, cultural issues
- Difficulty communicating with Homeswest staff.

Seniors in the private rental market raised a number of concerns:

- Insecurity of tenure
- Cost
- Attitudes of property managers and landlords.

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<sup>8</sup> This issue has been discussed previously in 3.1.5.

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*Dependency on family and friends:* A common theme raised by seniors was a concern about losing their independence and being a burden or overly reliant on their families. One Portuguese senior spoke of how she had cared for her ageing parents and that experience had meant that she was not going to have her children having to care for her as she did for her parents.

### **3.5.5 Negative social and community attitudes**

The social and cultural attitudes, values and norms of the mainstream (dominant) community are sometimes a barrier to community participation. Specific issues that emerged across discussion groups are described below.

*What CALD seniors told us:*

#### **Racial vilification and harassment**

For Muslim seniors, particularly Muslim women, racial harassment and vilification are increasingly common experiences and have a major impact on their community participation. Incidents involve verbal abuse, harassment, obscene gestures, aggression and road rage. Women are primarily targeted. Muslim women said:

*"It's directed at the women because we have the head scarf."*

*"The women wear the clothing so we suffer the problems."*

*"I went to the city and cars tooted at me all the time."*

*"You don't feel like going out when that happens."*

*"I have been the target of road rage."*

The following examples were provided by Muslim seniors of the impact of racial vilification on their community participation:

*A Muslim woman who was very active in the community has reduced her participation in many activities such as walking, shopping and driving on her own because of constant racial abuse and vilification directed at her since September 11<sup>th</sup> 2001. Previously she walked a lot on her own, did the shopping, drove herself everywhere and was active in community groups. Now she does not walk or shop and only goes out in public with her husband and only really involves herself with family and the Muslim community.*

*An English-born Muslim woman described constant racial taunts and vilification directed at her in public. These occurred whilst driving, shopping and walking. In one instance her grandson had seen two men walk behind her and pretend to shoot her with an imaginary weapon made with their fingers and hand. She was increasingly hesitant to go out in public or get involved in community activities with people other than Muslims.*

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Muslim seniors describe that these incidents are happening more since the attacks of September 11 and Bali bombings.

African seniors also spoke about this issue, both in terms of vilification and discrimination directed at women wearing headgear, as well as direct and indirect vilification and harassment directed towards African people.

### **Culturally inappropriate food and alcohol**

Muslim seniors' participation in the community is also affected by the widespread availability of alcohol and culturally inappropriate food. One senior said that interacting with non-Muslims socially was always fraught with difficulty:

*“If I mix with non-Muslims they have pork, meat, fish and alcohol. They just don't understand and appreciate that is not appropriate for us.”*

### **Disrespect for cultural and religious traditions**

Seniors report instances of disrespect for their cultural and religious traditions. Whilst these may be isolated incidents, over time they can have the effect of lessening the motivation to participate in the community.

Muslim seniors report an ever increasing number of examples of religious and cultural disrespect. Sometimes this is direct and explicit, at other times more indirect. An example may be adults who refuse to remove their shoes before entering the house or parents who refuse to allow their children to play with Muslim children.

Animosity and disrespect can occur within one's own national, ethnic, cultural or linguistic group. A Filipino born Muslim senior said that she did not mix with other Filipinos because they were disrespectful to her as a Muslim because of events occurring in the Philippines. Iranian seniors of Bahai faith reported that they were anxious about mixing with Muslim Iranians because of animosity resulting from historical events in Iran.

### **Hardening of government and community attitudes**

Many seniors spoke with concern about hardening attitudes shown by governments and the mainstream community towards people of CALD backgrounds. For a number of seniors, the gap between the rhetoric of what was said and promised by government and politicians, and what was actually done was very marked:

*“We hear all these things about equal opportunity, multiculturalism and non-discrimination. We want the government to see us as Australians, to put in practical equal opportunities that make a difference for us so that things will change. But we don't see that.”*

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**Stereotypical and narrow assumptions about CALD seniors**

Many seniors talked about stereotypical assumptions made by some service providers and others about seniors generally, and particularly, CALD seniors. One senior said:

*“There is hostility to you if you don’t want to play bingo and boot scoot.”*

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## 3.6 Caring responsibilities

### *What CALD seniors told us:*

Caring responsibilities are a major factor affecting community participation. Many seniors have significant care-giving responsibilities for a partner, children, family member or grandchildren. Seniors told us that the time and demands of their caring responsibilities limit their capacity to be involved in community activities. In every discussion group a sizeable proportion of participants reported regular involvement in caring, primarily for a partner and/or grandchildren.

In the Mandarin and Cantonese speaking group, approximately half of the participants had grandchildren in WA. Almost all of those seniors play an active role in caring for their grandchildren. For many seniors there is no set time or day that they care for children and many report that it is like a “full-time job”. This pattern was consistent across discussion groups.

Caring responsibilities are a major form of community participation, albeit one that is highly devalued and invisible to the wider community. The contribution of CALD seniors to the community through their care-giving role is largely forgotten. The contribution is economic, as well as to family and community well-being.

Largely invisible is the significant provision of child care by CALD seniors who act as carers and babysitters for grandchildren, as well as those who care for sick and disabled children, and in some cases parents, as well as supporting family and friends in time of need. Large numbers of seniors consulted report that they spend considerable time in these caring roles. In many discussion groups, seniors reported that they care for grandchildren five days a week, some everyday. The extent to which seniors care for grandchildren was demonstrated by the Spanish-speaking seniors where four seniors involved in caring reported the extent to which they are involved – three days per week, four days per week, five days per week and seven days per week respectively.

In many CALD communities and cultural groups seniors have inter-generational responsibilities for children and young people and are expected to act as elders, role models, leaders and guides for children and young people.

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### **3.7 Safety status**

There is considerable variation in CALD seniors' attitudes about safety. Many are concerned and worried about safety in their home, in their neighbourhood and in public places, such as shopping centres and on public transport. This fear of crime appears to arise less from their own experience of being a victim of crime and more from the experience of others, such as family members and friends, and through media reports. Fear of crime can limit seniors' involvement in their community, leading them to avoid going out beyond the security of home. Many said that fears for their safety were the main reason that they did not go out at night.

Other seniors express no real concerns about safety and report feeling very safe in their home and community and in public places, such as train and bus stations and on public transport.

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### 3.8 Strategies and activities to increase community participation

Many of these have been discussed in previous sections. Some of the main strategies and activities identified by CALD seniors to increase community participation are:

Exercise and recreation activities and programs: These were the most commonly requested activity, specifically those that are affordable, appropriate and accessible (eg walking, cycling, swimming, light weights, water aerobics and yoga). More regular *Stay on Your Feet* programs were mentioned by many seniors. Comments included:

*“I would like to do more exercise.”*

*“Teach us weights to improve our muscles.”*

Swimming and water exercise programs: Swimming programs were highly desired by seniors across all cultural and language groups. Polish and Italian seniors wanted to be more involved in swimming and water exercise programs. Spanish seniors spoke about an eight week swimming program with an instructor that had been funded by a Lotteries grant that they felt had been a great success. The program was not able to continue once the grant ran out. Muslim women wanted to be involved in a swimming program, but described the difficulties involved in developing classes that were culturally appropriate. Lack of programs, lack of transport and poor health were often cited as reasons why seniors were not more involved in swimming programs.

Social English language classes: These need to be appropriate for seniors of CALD backgrounds.

Bus tours outside Perth: Across all discussion groups CALD seniors want to be able to go on tours to other parts of WA and Australia.

*“We would like to go on tours but we can’t because of the language. For example to the country.”*

*“We would like to go on more short distance trips like travelling the state.”*

Improved public and community transport: For example more community transport, such as buses, to pick seniors up from their home and return them home, better public transport.

Greater availability of translators and bilingual workers and volunteers: The need for translators and bilingual workers and volunteers was consistently raised in discussion groups.

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More low cost social activities, outings and events: A need for more low cost social activities, outings and events involving people of similar cultural and linguistically diverse background, as well as people from other cultural and language groups, was identified.

More ethnic community and day centres for men and women: One senior said:

*“We need more gathering places for migrant women in local communities.”*

Better information in more languages: The discussion groups identified the need for better information in more languages.

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## 4. DISCUSSION AND IMPLICATIONS

This project gathered information from over 500 seniors of culturally and linguistically diverse backgrounds about their community participation and involvement in community activities. In this section the main findings are discussed under a number of headings, and where relevant, possible action is proposed.

### 4.1 Many CALD seniors are actively involved in the community

Findings presented in the previous chapter show that CALD seniors are involved in a wide range of community activities and make a major contribution to their families and communities, and to the wider communities of which they are a part.

The findings of discussion groups suggest that CALD seniors who are most active in their communities have some of the following features:

- a functional level of English language proficiency (or a level of support from others who speak their language)
- access to private, public and HACC community transport
- social support and networks with seniors of a similar cultural and linguistically diverse background
- meet regularly with other seniors of a similar cultural and linguistically diverse background
- involved in social and cultural activities organised through specialist multicultural and ethnic senior centres, day centres, ethnic community groups and non-government organisations and seniors centres
- a positive will and capacity to overcome barriers to participation
- functional level of health and mobility.

The literature review findings are similar. A characteristic of people who age well is that they continue to actively engage in community life through strong social networks and they are involved in productive and interesting activities (Swindell 2003). Seniors with a high degree of community involvement and well-developed social networks generally have better health and well-being and live active and independent lives.

Efforts to increase community participation by CALD seniors will likely be more successful if they build on the experience of what works for other CALD seniors. The experience of CALD seniors already active in the community provides evidence of strategies and directions that could be used to increase community participation among other CALD seniors.

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However, a range of barriers and constraints to community participation exist. These have a differential impact on CALD seniors. For many CALD seniors, the barriers and constraints do not necessarily limit or hinder their community participation. For others the constraints and barriers are significant. Swindell (2003) points out that of seniors who live alone many are seniors born overseas, many of whom either do not speak English or have reverted back to their original language. These seniors are at greatest risk of social isolation in later life and are likely to face significant difficulties in participating in community activities.

## **4.2 Forms and types of community participation**

The findings suggest that CALD seniors are involved in a wide range of community activities. These are similar to the type of activities in which all seniors participate. The main activities include:

- Paid and unpaid work
- Family and home duties and responsibilities
- Caring responsibilities (for partners, family and grandchildren and other seniors)
- Recreational and leisure activities
- Social connections (with family, friends, neighbours, people of similar cultural and linguistically diverse backgrounds, local community)
- Culturally specific social and community activities
- Participation and involvement in community, church and civil society activities
- Using services, programs and activities (public, private and community)
- Intergenerational activities, involving responsibilities for future generations.

## **4.3 Transport as a major influence on community participation**

Transport is one of the critical factors affecting CALD seniors' community participation. The discussion groups show that the majority of CALD seniors consulted are totally or heavily reliant on public and community transport, particularly buses, to participate in community activities. Without access to affordable and appropriate public and community transport the capacity for community participation is limited. The issue of transport does not just affect CALD seniors, and strategies to improve transport for all seniors should benefit CALD seniors as well. Issues identified and actions that could be taken to increase CALD seniors' community participation are described.

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Public transport:

- **Extend free bus travel to Saturday.** CALD seniors make extensive use of free bus travel on Sunday and extending free bus travel to include Saturday would provide for increased participation.
- **Continue to make improvements to services so that CALD seniors can make greater use of public transport.** CALD seniors identified a variety of ways that public transport could be improved to increase their usage
  - **Bus routes and timetables** including more buses on weekends, reducing the number of changes that seniors have to make, more frequent buses, ensuring buses run on schedule, better alignment of bus routes so that seniors can get to the places they want to go.
  - **Ticketing options for seniors including** a multi-rider system that covers a longer period of time, for example up to 12 months.
  - **Driver behaviour.** Generally seniors were very appreciative of driver behaviour. However two areas of improvement were identified: drivers who take off before seniors sit down and drivers who don't lower the steps for seniors.
  - **Flexible use of annual free train trip.** Many of the seniors consulted don't take up the offer of a free train trip each year, mostly because of the cost of accommodation at their destination. Many would prefer a more flexible arrangement such as the ability to use their free pass for two single day "Pensioner Special" coach trips to destinations closer to Perth such as Mandurah, York or the Swan Valley.
  - **Explore reduced fare options for high use seniors.** The cost of public transport is an issue for many seniors because of the number of times they used buses and trains on a daily or weekly basis or because of the distances they had to travel. Reduced fare options for heavy users would make community participation easier for CALD seniors.

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Community Transport:

- **Increase funding for and availability of community transport.** Community transport is critical for many seniors, who by virtue of their lack of English, or lack of mobility and capacity to access public transport, are otherwise completely isolated in their own home. It appears that a lack of resources (buses, drivers and staff to maintain ageing buses) and funding for community transport does limit seniors' community participation. CALD seniors' community participation could be increased if the agencies in direct contact had greater access to buses and other resources for community transport.
  - Increase funding for and availability of community transport through local government authorities, community groups and non-government agencies.
  - Encourage Councils to provide community transport services across local government authority (LGA) boundaries for CALD seniors where there is a need for them to travel outside their LGA.
  - Make funding available for transport for seniors not eligible or not disabled enough for HACC services.
  - Explore ways that community buses can be shared and made available to a wider array of groups and agencies.

Taxis:

- **Make taxi vouchers more widely available for CALD seniors.** Taxi vouchers are valued and used by many CALD seniors; however their lack of access to taxi vouchers was raised consistently across discussion groups. Many CALD seniors are deemed ineligible. For seniors without access to taxi vouchers the cost of taxis makes community participation more difficult, particularly if they are unable to use public transport, or if where they want to go is not easily accessible via public transport. Possible actions are:
  - Streamline assessment process and criteria to enable more seniors to access taxi vouchers.
  - Encourage and support local councils to provide resources for taxi vouchers for CALD seniors. An example is the Town of Vincent's program.

Driver's licences:

- **Address barriers that make it difficult for seniors to obtain a driver's licence.** Particular concerns relate to the computer test which is in English. For CALD seniors who are illiterate, who have difficulty with English or are very shy, the process is seen to be intimidating.

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#### **4.4 Culture, language and ethnicity as key factors in community participation**

The findings of the discussion groups confirm the importance of culture, language and ethnicity in CALD seniors' community participation. This is reflected in the desire of many CALD seniors to participate in activities with seniors of similar cultural and linguistically diverse backgrounds. However, this desire to participate in activities with seniors of similar culture, language and ethnicity does not in any way negate the desire of many CALD seniors to meet and participate in activities with others in the wider community. Although they value their cultural networks and cultural identity, the majority of CALD seniors consulted would also like to have the opportunity to participate in activities with others of different cultural and linguistically diverse backgrounds as well.

The discussion group findings are consistent with the view of Bygraves and others that for many seniors of CALD background maintaining their cultural identity is fundamental to successful ageing and community participation. Cultural identity can provide meaning, identity, depth of character and purpose to ageing. As Bygrave points out, the maintenance of a "cultural self" and cultural traditions for seniors can be achieved through the languages they speak, cultural practices and traditions, the people they socialise with, the food they eat, and the activities they choose to participate in. For those who work with CALD seniors the challenge is to create an environment in which cultural awareness and cultural identity is affirmed and reflected in everyday practice (Bygrave 2003).

#### **4.5 English language proficiency as a key factor affecting community participation**

Lack of proficiency in English is a major barrier to community participation for many CALD seniors. Managing daily affairs such as shopping and accessing medical, health and community services is more difficult. A major finding of the project is that a lack of English proficiency can and does limit CALD seniors' community participation, constraining what seniors can do and with whom.

Possessing good English language skills makes it easier to be involved in community life and community activities. Lack of English proficiency intensifies isolation as it affects all facets of their daily lives. For many CALD seniors the issue is not just proficiency in English, but a lack of confidence in using English. The project found that many seniors with conversational English skills lack confidence in English in open community settings and this prevents them from accessing mainstream services and participating in wider community activities.

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*Access to translators and interpreters:*

Access to bilingual workers, interpreters and translators is vital for community participation. The findings of this project suggest that many CALD seniors and some service providers are having difficulty accessing interpreters, for example through TIS. CALD seniors and service providers report that access to interpreters through TIS has reduced, resulting in an over-reliance on family members and volunteers as interpreters.

Another issue affecting community participation is the lack of bilingual workers in agencies that have contact with seniors. Issues that require attention include:

- Increased resources to employ bilingual workers
- Recruitment of bilingual workers, particularly in rural areas
- Recruiting bilingual workers to speak the diversity of languages that CALD seniors speak.

*English language teaching:*

There is enthusiasm among many CALD seniors for learning English, but a lack of appropriate programs for seniors, particularly for seniors whose first language is not English. The project found evidence that:

- Many available English language classes are inadequate for CALD seniors. Most seniors are years away from structured learning experience and some have little formal education and don't read or write. Few are likely to enrol in a structured or formal program. Many seniors feel that they could learn English better if taught by people who speak their own language, as well as English, although this was not supported by service providers who believe this is not the most appropriate way to learn English.
- Social English language classes specifically for seniors, held at places where seniors feel comfortable, such as day centres, multicultural centres, or ethnic social clubs, may be more beneficial for CALD seniors. Such programs where they exist, for example the Melville Social English club, are proving successful.
- Service providers have difficulty finding teachers to teach English to CALD seniors.

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## 4.6 **The role of specialist multicultural and ethnic seniors' centres, programs and activities and non-government organisations**

Many CALD seniors are involved in social and cultural activities organised through specialist multicultural and ethnic senior centres, day centres, ethnic community groups and non-government organisations. For many CALD seniors, involvement in these centre-based and outreach programs is their major form of community participation and acts as a “stepping stone” to further community participation. There are a number of different types of centres and programs including:

- Ethnic social and community organisations and ethnic NGOs (such as the Chung Wah Association, Australian Asian Association, Italian, German and Dutch communities, to name a few) who have established centre-based programs or activities for their senior members. Some programs receive part funding through HACC; however, many centres/programs are funded by the agency themselves and run with voluntary labour. There is a strong tradition of ‘self-help’ among many ethnic communities resulting in the establishment of formal centres, clubs, groups, agencies and support structures tailored to meet the needs of specific cultural groups. These services are often the main contact point for CALD seniors and take the form of day centres, lunch clubs, social clubs, and support groups. However, there are few funding sources for programs for CALD seniors.
- Specialist multicultural and ethnic day centres and programs provided through local government such as Ethnic Melville Active Seniors, Stirling Multicultural Day Centre, Pindana Multicultural Centre, to name a few. These specialist day centres primarily cater for HACC clients and are partly HACC funded. However, they may be able to take some non-HACC clients if the local government authority is willing to provide additional funding, or such funding can be sourced from elsewhere.
- Specialist multicultural and aged care non-government organisations providing centre-based and outreach programs, services and activities to CALD seniors who are HACC and non-HACC clients. Examples include Umbrella and Rainbow.
- Mainstream NGOs who offer programs, activities and social support groups for seniors from CALD backgrounds who fall within the agency mandate and for whom funding is available. Examples are the programs/activities for CALD seniors provided through agencies such as ASETTS, Women’s Health Care House, Fremantle Women’s Health, to name a few.

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The project findings (literature review and discussion groups) show that multicultural and ethnic centres and programs are vital for CALD seniors' community participation and need to be supported in their efforts to promote community participation. Increasing the capacity of these centres and programs to engage and provide activities for CALD seniors will be an important strategy to increase CALD seniors' community participation. Often they are keen to provide additional programs or activities for CALD seniors, but lack the funding to do so.

Many of the groups and organisations mentioned above are unfunded, or receive limited and insecure funding to support the demands being placed upon them because of the inaccessibility of mainstream community opportunities and activities for CALD seniors. They provide for seniors on a shoestring because of the failure of mainstream organisations and groups to provide opportunities for community participation.

The establishment of a funding stream or grants program to provide recurrent funding (as distinct from one-off, time limited funding) for agencies to enable them to provide programs and activities for isolated CALD seniors would be an important initiative.

These centres and programs are important for CALD seniors' community participation because they:

- Are highly valued by seniors.
- Play a vital role as key points of contact, community participation and activity for CALD seniors. They provide the foundation for community participation.
- Are able to facilitate participation through the provision of social activities, language groups, health and homecare services, transport and day centres.
- Provide an important opportunity for activities, socialisation, interaction, the development of social networks and provision of information about services and activities. Of particular importance is the fact that many centres collect seniors from their own homes.
- Are particularly important for seniors who may have poor English fluency or may be losing English fluency as they age. They provide meaningful opportunities for social interaction within the community, thereby overcoming social isolation.
- Are able to create an environment in which individual differences, personal history, life experiences and cultural identity are integral components of service delivery. Ethno-specific community groups and organisations are often better placed to create such an environment for CALD seniors.

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## **4.7 Public Policy issues**

The views and experiences of CALD seniors (and service providers) presented in Chapter 4 provide an insight into ways that public policy can assist or limit CALD seniors' community participation. The most obvious public policy issue that directly affects CALD seniors' community participation is transport (see 4.3). A range of other public policies directly affect CALD seniors' community participation, and action in a number of policy areas would make a substantial contribution to increase community participation.

### **4.7.1 Employment**

The failure to find paid employment is experienced by a proportion of CALD seniors who aspire to work as a major form of social exclusion. It can be a negative and debilitating experience that affects their motivation and capacity to participate in the community. For CALD seniors seeking employment their inability to find paid work is perceived to be the direct result of the attitudes of employers to their age and cultural and linguistically diverse background, particularly their difficulty with English. Some seniors consulted feel the Job Network does not recognise their unique needs and is failing them.

### **4.7.2 HACC policy**

Lack of places in day centres for CALD seniors is a problem identified by service providers. HACC policy and criteria are such that access to HACC funded community centres and day centres is easier for frailer seniors with eligibility for HACC services, but more difficult for seniors who do not meet the eligibility for HACC Program support. One barrier is the lack of transport and places for seniors who "are not bad enough" for HACC services but still in need of social support. Services identify these CALD seniors as in need; however, without any funding, it is difficult for agencies to provide them with transport or take them into a centre or program until their condition is serious enough for them to be eligible for HACC services.

The effect is that seniors who are ageing and in reasonable health, but with limited income and transport, are often more isolated and less able to participate in the community than those who are frailer who have some access to HACC transport services, day centres and home assistance.

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### **4.7.3 Housing**

Public and social housing policy and practice can directly affect CALD seniors' community participation. Poor quality, inappropriate, unaffordable or poorly located housing all can have the effect of limiting community participation in a number of ways described below, and it is incumbent on housing providers to acknowledge their responsibilities.

- If housing costs are high CALD seniors have little money available for community participation.
- If housing is located a considerable distance from family and friends, transport, community facilities, activities or centres, CALD seniors become very isolated and are unable to get out of their house.
- Poor quality or inappropriate housing can undermine the motivation and desire to participate.
- Failure by public and social housing providers to understand and provide for the needs of CALD seniors, for example by the non-use of translators, or the lack of provision for training of staff in cross cultural communication, reduce community participation.

### **4.7.4 Lack of money and financial concessions**

Lack of money is a major barrier to community participation. The literature review found that older people's participation is often affected by their limited material resources and higher rates of poverty (Canadian National Advisory Council on Ageing 2005, Social Exclusion Unit 2005). The direct and indirect costs associated with community participation, be it telephone costs, transport costs, entry fees, cost of activities or lack of spending money, are all significant. Concessions such as travel concessions and reduced entry fees make it easier for some seniors to participate; however the main issue is that living on a limited income, such as the pension, is of itself a major barrier to community participation.

## **4.8 Social and cultural attitudes to people of CALD backgrounds**

The findings of this project suggest that social and cultural attitudes and racial vilification towards some CALD seniors are significant factors affecting community participation. The existence of such attitudes and behaviours requires education, public policy and legislative and legal responses and will only be addressed through a concerted effort throughout society.

CALD seniors describe social and community attitudes and experiences that have a direct and indirect effect on community participation, for example by reducing the motivation to participate. Examples include:

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- Ageism and ill-informed attitudes that see ageing as an inevitable period of mental and physical decline
  - Feelings of being undervalued and unappreciated for their experience and contribution
  - Disrespect shown by some sections of the community for cultural beliefs, values and traditions
  - Employment-related exclusion and discrimination
  - Negative and paternalistic attitudes of some mainstream service providers
  - Disrespect and negative attitudes towards seniors with limited English proficiency.

Racial vilification and discrimination directly impact on community participation. The occurrence of increasing levels of racial vilification and discrimination reported during this project by some CALD seniors, particularly Muslim women and some seniors from Africa, is consistent with findings of a recent Ethnic Communities Council study (Tan-Quigley et al 2005). Such vilification directly effects community participation.

Many CALD seniors expressed concern about the hardening of social and community attitudes among politicians and the wider community towards people of culturally and linguistically diverse backgrounds. The gap between the rhetoric of governments, politicians, community leaders and society generally about equal opportunity and multiculturalism, and the reality of daily existence for many CALD seniors, was raised in a number of discussion groups and seen by a number of seniors as evidence of the hardening of attitudes towards people of CALD backgrounds.

## **4.9 Computer usage**

Computer usage is limited among the CALD seniors consulted. There is considerable lack of interest in computers. Other barriers such as poor memory span, lack of English proficiency, lack of understanding and knowledge, and lack of money to buy, upgrade or maintain a computer all limit computer usage. Those who use computers do so for work and sending e-mails to friends and families.

## **4.10 Lack of information and awareness about activities**

Many CALD seniors lack information and awareness about activities and options available in the community. This emerged across all discussion groups. For seniors with limited English this barrier is even more significant.

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## 4.11 The need for a wider array of activities for CALD seniors

The findings of the discussion groups suggest that CALD seniors want to participate in a wider range of programs and activities. Specific suggestions are listed under each category.

### Exercise and physical activity:

- More local walking programs and groups.
- More physical activity programs at day centres, seniors' centres and community centres where CALD seniors gather.
- Development and expansion of exercise and physical activity programs (such as Stay on Your Feet, strengths training, dancing programs and stretching programs) that cater specifically for CALD seniors.
- Recreation centre programs that are more inclusive of CALD seniors and provide a greater array of programs.

### Swimming programs:

- Swimming programs for CALD seniors at public swimming pools. An example is the program currently being offered by Beatty Park Swimming Centre.

### More events and outings and wider array of activities:

- A wider range of activities, events and outings at centres, agencies, groups and services.
- Packages for day and overnight outings to attractions close to Perth, including bus tours outside Perth.
- More low cost social activities, outings and events.
- More ethnic community and day centres.

### Arts, music and cultural activities:

- More catering for CALD seniors by mainstream providers - eg seniors' programs, seniors' packages, specific programs.
- Publicity about available packages and programs in a variety of language formats distributed through ethnic and multicultural groups, agencies and services in contact with CALD seniors.

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## 4.12 Attitudes to ageing

CALD seniors consulted identified a variety of attributes that they thought essential for successful and active ageing:

- Importance of family, particularly grandchildren and friends.
- The need to recognise the negative experiences of ageing.
- The importance of remaining active – physically, emotionally, socially, intellectually and psychologically.
- The need to remain independent.
- Participating in challenging, meaningful, interesting and enjoyable activities.
- Continuing to remain involved in meaningful things and to make a contribution, be it through paid work, voluntary work or community involvement.
- Remaining physically active and mobile.
- Retaining and developing social support and social networks to overcome isolation.
- Cultural identity and solidarity with people of a similar cultural and linguistic background.
- Retaining a positive and inquisitive state of mind.
- Remaining positive, determined and hopeful in the face of adversity and difficulties, for example loss of a partner and friends, and health problems.