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Appendix 1: Description of project methodology

1. Design and methods

The project was primarily qualitative, utilising discussion groups to explore issues of community participation by CALD seniors. In order to arrive at a more complete understanding of the community participation of CALD seniors, discussion groups were supplemented by:

- A review of literature.
- Secondary analysis of demographic data and documentation about CALD seniors.
- Focused consultation and discussions with people who work with and have contact with CALD seniors. These took place through telephone and face-to-face interviews and meetings and informal discussions.

2. Sample

2.1 Recruitment of participants

In the early phase of the project a detailed database was developed of possible “partnering” and collaborating agencies and sites through which CALD seniors could be consulted. The database included groups in contact with CALD seniors, including ethnic agencies and groups, multicultural aged care centres, seniors’ agencies, seniors’ centres, day centres, service provider agencies, local government centres and services, NGOs, ethno-specific agencies, community groups and key individuals. Over 80 possible groups, agencies and individual sites were identified and verbal and written contact was made to inform them of the project and invite their participation.

The database was designed so as to ensure contact with a wide range of seniors, particularly those with limited English proficiency, including:

- CALD seniors currently involved in seniors’ centres, day centres and social groups and activities conducted by local government authorities, ethnic community organisations and health services.
- CALD seniors involved in ethno-specific and ethnic community organisations.
- CALD seniors in contact with ethno-specific and mainstream government agencies.
- CALD seniors involved in community activities.
- CALD seniors with no or limited contact with any of the above.

2.2 Sample selection

Selection of participants was guided by a number of criteria including:

Working through existing formal and informal networks: The project worked through community groups and structures in contact with CALD seniors and the sample included seniors who met regularly, as well as those brought together for the specific purpose of a discussion group.

Ethnicity: Special effort was made to ensure the heterogeneity of participants in terms of ethnic, linguistic and cultural background.

English proficiency: Often seniors with inadequate knowledge or proficiency in English are absent or have been excluded from studies. As a result research is not representative of CALD seniors. For the purpose of this project special attention was made to include seniors with limited English proficiency. There is great variation in the level of proficiency in spoken and written English among CALD seniors. Priority was given to speak with seniors with limited English proficiency. The majority of discussion groups (19 out of 30) were conducted in the primary language spoken by seniors. This required the use of bilingual facilitators/translators.

Functioning and activity: The sample was chosen to include healthy and active seniors and those with mixed activity levels and functional limitations. The sample also included seniors active in their community, as well as others who were not as active or who rarely left their home.

In terms of groups of seniors to be consulted the sample was selected to ensure representation across four criteria.

- **Largest CALD communities:** The researchers were guided by AIHW data projections up to 2011 on the communities with the predicted highest number of seniors in WA. Priority was given to discussion groups with seniors from the following countries: Italy, Netherlands, India, Germany, Malaysia, other Asian (China, Vietnam, Singapore, Philippines, Japan, Burma etc), Greece, Poland and Central and Eastern European (Russia, Ukraine etc).
- **Smaller communities:** CALD seniors from smaller communities and groups not represented in the above list were also consulted. Examples included discussion groups with African, Muslim and Iranian Bahai seniors, as well as seniors from countries such as Malta, the former Yugoslavia, South and Central America (Chile, Colombia, El Salvador and Brazil), Portugal, Spain, Sri Lanka, and Iran who participated in discussion groups.
- **Other groups identified in the database developed for the project:** The database also included CALD seniors associated with ethnic and community

agencies located across the metropolitan area who may or may not have been represented in the groups mentioned above. These seniors were often involved in multi-ethnic groups or groups linked with agencies keen to organise a discussion group.

- **Rural/regional:** It was originally planned to conduct at least two discussion groups in rural and regional areas; however, only one discussion group was conducted, in Northam. Individual interviews with a number of CALD seniors and consultations with service providers were undertaken in Geraldton and Albany.

2.3 Characteristics of seniors consulted

A total of 502 seniors were consulted. Four hundred and ninety two seniors participated in 30 discussion groups and another 10 were interviewed individually. The majority of participants were women (n=375, 74%) and 127 men participated (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).

3. Methods

Early in the project an intensive publicity and promotional strategy was developed and resulted in the identification of over 80 possible groups, agencies and individual sites through which CALD seniors could be consulted.

Verbal and written contact was made with those agencies to inform them of the project and invite their participation. Using the criteria identified earlier and the willingness of those agencies and groups to assist and collaborate with the researchers, discussion groups were then set up.

Discussion groups were planned and conducted in conjunction with the “partnering” agencies and groups identified in the early phase of the project. Partnering agencies and groups were generally in contact with CALD seniors and included ethnic agencies and groups, multicultural aged care centres, seniors’ agencies, seniors’ centres, day centres, service provider agencies, local government centres and services, NGOs, ethno-specific agencies, community groups and key individuals.

In discussing and setting up discussion groups and negotiating the involvement of “partnering” agencies and groups the researchers were able to consult with a wide array of service providers, workers, volunteers and bilingual workers about issues to

do with CALD seniors' community participation. Consultation and informal discussion with those service providers also occurred during and after discussion groups. The information they provided enabled a more in-depth perspective into the information gathered from CALD seniors during discussion groups.

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.

Discussion groups were held in the premises of the "partnering agencies" or other locations familiar to the seniors. Where required a bilingual worker or translator worked with the researchers to co-facilitate and translate the discussion group. Nineteen (19) discussion groups were conducted in the CALD seniors' first language in order to hear from seniors not fluent in English who face cultural and linguistic barriers to community participation. This was an important part of the research as this group of seniors is often neglected by researchers and program planners due to their lack of fluency in English.

The majority of discussion groups were held with seniors who already knew each other. Discussion groups generally involved men and women together, although in a number of discussion groups only women were present.

For each discussion group seniors were informed about the goals of the project, the session outline and the uses to which the information they provided would be put.

Each discussion group lasted for between 45 minutes and two hours depending on the numbers participating. Before and after each discussion group the researchers met and talked with seniors informally, perhaps over morning tea or lunch, and issues continued to be discussed in these informal settings. Researchers were also able to talk with service providers, workers, volunteers and bilingual translators about issues.

A semi-structured discussion group format was used to assist translation and discussion. Discussion group questions were developed in conjunction with the Project Advisory Group.

Before each discussion group the researchers met and talked with staff and bilingual workers/translators to prepare the questions and discussion group process.

Discussion groups were not audio recorded; however the researchers took detailed notes. In a number of discussion groups bilingual workers took notes, which were then made available to researchers. This enabled comparison and cross-referencing of data across different note takers.

Information generated by the discussion groups was analysed in terms of both content and thematic analysis. Discussions with bilingual workers/translators and staff present assisted in data analysis.

3.1 Limitations of the methodology

A number of limitations need to be recognised.

- The sample was neither random nor representative of the CALD seniors' population. The project sought to obtain unique insight about the community participation of CALD seniors.
- Discussion groups were not representative, but rather groups of CALD seniors able to provide meaningful information about community participation.
- Discussion groups were not audio recorded, but written notes were taken by the researchers and, in some instances, by bilingual workers and translators.
- A reliance on bilingual workers and translators to translate the discussion into English may have compromised the accuracy of some information.
- The strategy of working with partnering agencies and groups may have produced a sample bias towards seniors already in contact with established ethnic and community groups and seniors agencies.

Appendix 2: List of agencies, groups and individuals who assisted with the project

The following individuals and agency representatives provided advice, assistance and information and/or were consulted during the project. Unfortunately not all the agencies or names of people consulted were recorded.

Mustapha Ahmed	
Margarita Amato	
Heather Anderson	Geraldton Regional Hospital
Debbie Armistead	Hills Community Support Group
Lesley Barrett	City of Swan
Amanda Bateman	Town of Vincent
Tania Bernadini	Carers WA
Sue Beer	City of Bayswater
Deborah Bloxsome	Bayswater Senior Citizens Centre
Chris Brereton	City of Stirling
Maria Bunn	Multicultural Aged Care Service WA
Maria Campbell-White	Fremantle Women's Health Centre
Christian Cavaniglia	ASETTS
Nora Chan-Furness	Ethnic Communities Council of WA
Paula Christofaninni	Office of the Public Advocate
Gordon Chung	
Rena Cocila	City of Stirling
Marcia Coelho	City of Melville
Andrea Credo	ISHAR Multicultural Centre for Women's Health
Karen Duckett	Northam Over 60s Group
Helen Dullard	Hills Community Support Group
Karel Eringa	Shelter
Nidia Fernandez	South Metropolitan Migrant Resource Centre
Rosetta Finlay	QE II Centre Geraldton
Rhahin Ghauri	Islamic Council of WA
Bronia Grochowski	Umbrella Multicultural Community Care Service
Anna Harrison	Umbrella Multicultural Community Care Service
Susan Highley	City of Stirling
Peter Huber	Rhein Donau Seniors' Group
Annie Huggert	Beldon Homestead
Samira Husic	ASETTS
Beth Jasas	City of Stirling
Barbara Kasprazak	Pindana Multicultural Aged Respite Service, City of Canning
Shahnaz Kazemi	
Theresa Kwok	Chung Wah Association Inc
Justin Kwok	Chung Wah Association Inc
Lata Laksham	
Bogusia Laskiewioz	Pindana Multicultural Aged Respite Service, City of Canning
Amy Lau	Chung Wah Association Inc
Nadia Loncar	Ethnic Communities Council

John Lucky Lyttle	
Sally Mace	City of Wanneroo
Eloise Maglizza	Women's Healthcare House
Isabella Makainda	Lady Gowrie Childcare
Karen Mateljan	Geraldton Regional Hospital
Ken Marston	Council on the Ageing
Britta Meyer	Carers WA
Rosemary Hudson Miller	WA Synod, Uniting Church, Multi-cultural Committee
Gaynor Mitchell	Learning Centre Link
Kay Nicholas	St Basil's Aged Care Services
Jeanette Nicholls	Town of Bassendean
Loc Nguyen	Health Department of WA
Jocky Alfred Odongkara	
Wajma Padsha	Muslim Women's Support Centre of WA (Inc)
Natasha Pekic	
Lania Pianto	City of Joondalup
Martine Pitt	Communicare Family, Children's & Employment Services
Dana Popovich	Multicultural Radio and Television Association
Joy Puls	Metropolitan Migrant Resource Centre
Olga Ramasamy	Australian Asian Association of WA (Inc)
Leigh Roberts	Hills Community Support Group
Anneke Rombouts	Dutch Aged Care of WA
Connie Sideris	Macedonian Community of WA
Susie Simm	Town of Bassendean
Sarina Sirna	Italo-Australian Welfare and Cultural Centre
Helen Speares	Brockman House
Sheryl Stone	Multicultural Aged Care Service
Thi Van Nga Tran	Dianella
Tania Trengrove	City of Canning
Joanne Visic	City of Melville
Debra Whetsone	City of Bayswater
Sue White	North Perth Multicultural Day Care Service
Lynda Winter	South Metropolitan Migrant Resource Centre

Appendix 3: Detail of seniors consulted through discussion groups/group meetings

Discussion Group	Gender			Age				Biling trans
	Total	F	M	< 60	60-69	70-79	80+	
Portuguese speaking	13	13	0	4	6	3	0	Yes
Multi-ethnic	10	8	2	0	1	2	7	No
Multi-ethnic(Polish, Indian, Ukraine)	6	6	0	0	0	1	5	No
Former Yugoslavia	27	19	8	5	21	1	0	Yes
Asian	5	4	1	0	0	2	2	Yes
Italian	40	35	5	0	13	15	12	Yes
Spanish speaking	27	21	6	5	10	7	5	Yes
Central and Eastern Europe	9	7	2	0	1	2	6	No
Greek speaking	18	15	3	0	1	3	14	Yes
Macedonian	20	16	4	1	2	5	12	Yes
Italian	31	25	6	4	6	7	14	Yes
Vietnamese	22	18	4	3	7	8	6	Yes
Multi ethnic: Chilean, South African	3	3	0	0	3	0	0	No
Muslim	9	6	3	1	8	0	0	No
Indian subcontinent and Sri Lanka	26	21	5	0	3	13	10	No
Polish speaking	17	11	6	0	2	4	11	Yes
Polish speaking	8	8	0	0	1	1	6	Yes
Polish speaking	8	5	3			6	2	Yes
Polish speaking	5	5	0	0	0	1	4	No
Multi Ethnic: Central and Eastern European	9	6	3	0	1	3	5	Yes
Ukraine	7	5	2	0	0	0	7	No
Multi-Ethnic: Central and Eastern European	4	3	1	0	0	0	4	No
Multi Ethnic (Maltese, Italian, former Yugoslavia)	10	7	3	0	1	1	8	Yes,
German speaking	37	26	11	0	9	13	16	No
Dutch speaking	29	20	9	0	3	7	19	Yes
Chinese Cantonese speaking	29	21	8	0	5	22	2	Yes
Chinese Mandarin speaking	25	14	11	0	2	20	2	Yes
Indian subcontinent, SE Asia and Sri Lanka	18	11	7	2	4	5	7	No

Discussion Group	Gender			Age				Biling trans
	Total	F	M	< 60	60-69	70-79	80+	
Iranian (Bahai)	10	6	4	3	3	4	0	Yes
African countries	10	3	7	6	4			Yes
Case-related consultations, metro and rural	10							
Individual interviews (metro and rural) including Filipino, Italian, Greek, Ukrainian, Japanese, Russian	10			2	3	3	2	
TOTAL	502	375	127	36	120	159	187	

Appendix 4: Discussion group questions

Four types of questions were discussed with seniors during discussion groups. Questions were used as a prompt and discussion often took place on other issues raised during discussion groups eg transport, income, language etc.

Community Activities: How do you spend your time? What things do you do outside of your home? Who do you do those things with? Where do you do them?

Ethnic, Cultural and other networks: Do you do things with others who have a similar cultural background to yourself or who speak the language you grew up speaking? How important is this? What do you do and why?

Additional Activities and barriers: Are there things that you would like to do outside of your home, but can't? What are they? What would help you to be able to do them? What would help make things better as you get older?

Attitudes to Ageing: How do you feel about getting older? What are the good things about getting older in Western Australia? What things worry you about getting older in Western Australia?

Appendix 5: Publicity : information flyer/letter

Dear Colleague

We are writing to inform you of a project being undertaken with seniors from culturally and linguistically diverse (CALD) backgrounds.

The project has been commissioned by the WA Government's Office for Seniors Interests and Volunteering and is being undertaken by independent social researchers Colin Penter and Barbara Gatter. The project involves gathering information from CALD seniors about their community participation and involvement in community activities. The information will be used to shape policy, plans, programs and services for CALD seniors.

In recent years the WA Government, through its Active Ageing Strategy and the Office for Seniors Interests and Volunteering, has promoted community participation and involvement as an essential part of active and successful ageing. The Australian Institute of Health and Welfare has projected that the number of older CALD Australians will increase by 66% between 1996 and 2011. The number of older immigrants of born in non-English speaking countries has been growing at five times the rate of the Australian born population in recent years.

The project is guided by a Reference Group of representatives from key government and non-government agencies.

Direct input is being sought from CALD seniors aged 60 years and over who live in the community. Seniors are being interviewed through focus groups, forums, face-to-face discussion and community and language group meetings. Where necessary co-researchers (bilingual workers, community language speakers, interpreters and key leaders) are assisting with interviews. Approximately 16 to 20 focus groups are planned.

Seniors are being recruited through 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.

We are writing to seek your assistance in facilitating us talking directly with seniors by organising or hosting a group or forum in which seniors can express their views. This event would be facilitated by the researchers, or where English is not the spoken language, arrangements can be made for bilingual interviewers.

For more information or to contact those involved in the project:

Colin Penter, Matrix Consulting Group, PO Box 394 Mt Hawthorn WA 6915, Phone: 94439093 , mobile: 0431349058, email: cpmatrix@eon.net.au

Barbara Gatter, Barbara Gatter & Associates, PO Box 242 Mundaring WA 6073, Phone: 9295 3215, mobile: 0412 394 878, email: bgaconsulting@optusnet.com.au

Appendix 6: Literature review

WHAT IS KNOWN ABOUT CALD SENIORS' COMMUNITY PARTICIPATION?

In this Section, available information relevant to CALD seniors' community participation is described. Information is drawn from the findings of a review of literature and information about CALD seniors' community participation. This is not a comprehensive review of literature, but rather, was prepared to inform and shape the consultations and discussion groups undertaken as part of the project.

1. Policy context and participation

The issue of community participation by CALD seniors is a significant policy imperative for a number of reasons, including demographics, multiculturalism and active ageing.

Australia, like many countries, is confronted with increased life expectancy and an ageing population. Well-being and active ageing have become an important policy challenge for governments, policy makers, service providers and groups concerned about seniors. In Australia, the current generation of seniors will be the most culturally diverse ever (Thomas 2003). The dynamics of substantial immigration over the last 50 years has generated two types of overseas born seniors: those who migrated young and grew old in Australia and those who came here when they were older (Thomas 2003).

Australia's older population reflects the ageing of many long established immigrants who came to Australia during the first half of the 20th century, particularly post-war years, as well as the large influx of migrants who came in the 60s, 70s, 80s and 90s who are ageing here in Australia, or who were already seniors when they arrived, perhaps as part of the Family Reunion Program. As a result, Australia's older population is made up of very diverse cultures, religions and languages.

By 2020, a substantial proportion of older people in Australia will be born overseas and of non-English speaking backgrounds (Hugo & Thomas 2002). The number of older immigrants of non-English speaking background has been growing at five times the rate of the Australian born aged population in recent years (Hugo & Thomas 2002; Thomas 2003). 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% between 1996 and 2011 and that by 2011

over 28% of Australia's seniors population will be from culturally and linguistically diverse backgrounds (AIHW 2004).

The cultural mix of the elderly population will also be increasingly diverse. The large influx of immigrants from Asia, Africa and the Middle East during the 70s and 80s will mean that older people of CALD backgrounds have very different expectations of types of services and care, different social, cultural and spiritual needs and different demands in terms of families and services (Hugo & Thomas 2004). Orb (2002) points out that most demographic data suggests that migrants live longer than people born in Australia. The implications of these demographic trends for aged care and aged care services for CALD seniors is poorly understood (Hugo & Thomas 2004).

As the number of older people increases, particularly older people of CALD backgrounds, it also becomes important that their needs for active participation in family, social, economic and community are recognised by policy makers and decision makers (Weston, Qu & Soriano 2003).

The need to promote community participation among CALD seniors is an important policy goal of the WA Government, both in terms of multiculturalism and active ageing. Community participation is important in terms of promoting community harmony and multiculturalism. The WA Government's Office of Multicultural Interests' *WA Charter of Multiculturalism* emphasises the importance of community participation in terms of the need for people to go beyond their own culture, to appreciate diversity and to develop mutual respect for diverse cultural groups. In recent years the WA Government through its Active Ageing Strategy, *Generations Together*, and the Office for Seniors Interests and Volunteering, have encouraged community participation by seniors as an essential part of active and successful ageing (Government of WA 2003).

Despite the growth in their numbers, not much is known about the levels and types of community participation by seniors from culturally and linguistically diverse backgrounds and about the issues that affect older people from a variety of culturally and linguistically diverse backgrounds (Hugo & Thomas 2004). There are a number of reasons for this, including language barriers, the problem of translation and issues of cultural validity and reliability whereby people from different cultures may respond in quite different ways to the same question (Petralia & Wells 2003). However, as many CALD seniors are at risk of "living on the margins" (Orb 2002), the issue of community participation, in its broadest sense, is now a vital public policy issue.

2. Migration patterns and community participation

2.1 Settlement history and the dynamics of the migration program

Past migration patterns have a significant impact on the population structure, composition and geographical location of seniors from culturally and linguistically diverse backgrounds (AIHW 2004). Some of the overseas born sub-populations have a relatively old age profile as a result of the different waves of immigrants from different countries. Immigrants from different countries are differentially represented in older age groups (Weston, Qu & Soriano 2003).

One result of the migration program is that there are seniors who migrated young and grew old in Australia, and there are seniors who came to Australia when they were older (Thomas 2003). As Thomas points out, whilst these two groups have different settlement experiences, they share similar experiences. Those who migrated young have spent much of their adult lives in WA and have children who were born here or who came here as young children. They are likely to have stronger family and community connections in WA. Those seniors who came when they were older are likely to have migrated under Family Reunion Programs and may have fewer family, friends and social and community networks (Wilding & Tilbury 2004).

The other issue that emerges out of the migration program is that particular sources of immigrants from non-English speaking countries were tied to particular eras or times of settlement (Appleyard & Baldassar 2004; Thomas 2003). In particular, the post World War II years saw a major shift in migration policy and significant increases in migrants from primarily European non-English speaking countries such as Italy, Yugoslavia, Greece, Germany, Eastern Europe, Netherlands. In the period after WWII and into the 1960s period migrants from Southern and Central European countries came to Western Australia in significant numbers. As Wilding and Tilbury (2004) point out, in WA close ties of kinship, friendship and reciprocal support contributed to patterns of residential concentration. The concentration of particular communities in certain geographical areas and residential areas had significance for levels of community involvement and participation. Many of the structures, relationships and institutions in which people were able to participate were located close to those communities where people lived. Hugo and Thomas (2004) also point out that many elderly people have especially strong ties to particular locations because of the memories and cultural and community ties associated with those areas.

The period of the 70s, 80s and 90s saw increased migration from Asian and South East Asian countries, and countries such as India, Pakistan, Sri Lanka, Hong Kong, Singapore, Malaysia, China, Philippines and Thailand (Weston, Qu & Soriano 2003).

The influx of immigrants in post-war years that has continued through the 60s, 70s, 80s and 90s is contributing to the growth of the Australian elderly population. In recent years, the growth of the overseas born of non-English speaking background has grown more than five times as fast as the Australian born aged (Hugo and Thomas 2004).

The impact of these patterns for seniors' community participation is described by Weston, Qu and Soriano who point out that among older CALD seniors aged 65 years and over, many women have difficulty communicating effectively in English, often because they stayed at home to raise family, whilst the men learned English in their workplace (various authors cited in Weston, Qu & Soriano 2003).

For aged care services and service providers these patterns highlight the need to cater for the specific language and other cultural needs of CALD seniors (Weston, Qu & Soriano 2003).

3. The social and cultural context for participation

3.1 Participation in social and political institutions

James Jupp (2003) has identified the failure of Australian and social and political institutions to cater for the participation of people from ethnic and migrant backgrounds. He argues that in Australia there has been a resistance to making special provision for ethnic minorities, a lack of provision for ethnic minorities in Australian political and social institutions and that currently there is no effective national voice for the millions of ethnic Australians.

3.2 Discrimination, racism and vilification

As James Jupp points out, whilst there is a statutory protection from racial discrimination and vilification, implementation of these statutes is a problem.

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.

The Isma Project described ways that participants (Arab and Muslim Australians) encountered daily experiences of racial vilification from government agencies and offices (such as Police), as well as in workplaces, schools, tertiary institutions, shopping centres, banks, public places and public transport. The project found that racial incidents and racial vilification directed at Arab and Muslim Australians were on the increase, following the September 11th and Bali bombings. Incidents were increasingly directed at women and others identifiable as Muslims. Participants

reported that incidents occurred once a month or more while other others reported incidents on a daily and weekly basis (HREOC 2004).

A recent WA study undertaken by the Ethnic Communities Council of WA documented the daily experiences of many CALD people with systemic discrimination that profoundly affects their daily community participation. This occurs in areas such as employment, education, accommodation and service provision (Tan-Quigley, Sankaran & ECC WA 2005). The alarming extent of racial vilification in Western Australia was highlighted in this report. It described the extent of racial vilification and abuse directed at people from new and emerging communities in WA. The Report titled *Some Are More Equal Than Others* investigated the types and impact of racist incidents in WA. A majority of the people surveyed had experienced racial discrimination (68%) and verbal racial abuse (60%). Incidents described included verbal abuse, having bottles, stones and rubbish thrown at them. The ECC report called for urgent interventions to address the social alienation of whole communities based on overt manifestations of racial belonging, including strengthening legislative provisions, victim support, long-reaching community education programs to address the extent of racial harassment and vilification (Tan-Quigley, Sanrakan & ECC WA 2005). The ECC study emphasised the role governments and communities must play to uphold the values of a multicultural society including cultural identity, social cohesion, equity and equality of opportunity (Tan-Quigley et al 2005).

Asekeh and Tilbury (2004) write of the discrimination experienced by East Africans in Western Australia citing evidence that racially inspired incidents of discrimination occur in the workplace, on public transport, at school, with neighbours, in shops and in everyday interaction with strangers. They suggest this is most evident for those who use their language in public or for women wearing the Muslim veil.

3.3 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 (Wilding and Tilbury 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). These negative attitudes often spring from misinformation, ignorance and social distance. In some cases these negative attitudes are derived from a perception that older people make limited apparent public contribution (Hugo & Thomas 2002). Seniors are often viewed in terms of

deficits and burden, vulnerability, loss, limitations and risk and these negative community attitudes cause considerable frustration for many seniors (Joseph Rowntree Foundation 2004).

WA research undertaken by Tilbury and Rapley suggests that subtle forms of exclusion and cultural difference can result in people of CALD backgrounds feeling that they are different and therefore that they don't belong (Tilbury and Rapley 2004).

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). In particular the inability to connect with the mainstream services and programs is a particular barrier which intensifies double discrimination.

4. Participation and family responsibilities

4.1 The importance of family for 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). While older parents of non-English speaking background are more likely to live with their children and receive everyday support than other ageing parents (Weston Qu & Soriano 2003), there is considerable variation in the degree to which family support is provided and the reasons. Cultural norms and values are often the main reason; however sometimes it may be economic necessity, as adult children who have sponsored their parents can also be economically responsible.

Canadian research cautions against the assumption that CALD families are highly supportive of seniors and suggests that such assumptions can risk neglecting the need for CALD seniors to have access to formal community programs (Canadian Ageing Advisory Council 2005).

Family support can also enable and restrict community participation. For example, culturally specific views about what women can do or what seniors can and can't do, can restrict what families allow seniors to do. Family support can be enabling when family members encourage and directly assist seniors to participate in the

community, for example by providing transport or other direct forms of assistance (Chahal 2004).

There is evidence that expectations of filial responsibility are different among parents of CALD backgrounds (Hugo & Thomas 2002; Thomas 2003). Thomas (2003) argues that there are noticeable differences and similarities across cultures in terms of family responsibilities and obligations. Often these traditions place higher importance on the family and family traditions than on individual aspirations and happiness.

Many CALD seniors have extended family spread over two or more countries. This can be a source of stress and anxiety for many CALD seniors (Thomas 2003).

4.2 Care-giving responsibilities and community participation

Many older Australians have significant caring responsibilities (NSW Parliamentary Library 2004). One in five WA seniors are carers (OSIV 2004a). Care-giving responsibilities are an important form of community participation by seniors; however, they also mean that they have less time to participate in other community activities.

Older people in their 60s and 70s are more likely to provide more practical support to their families than they receive (McDonald & Kippen 1999 and Millward 1998 cited in Weston, Qu & Soriano 2003). In terms of care giving and family responsibilities other key findings are:

- Spouses and partners predominate as the principal carers for the elderly (Weston, Qu & Soriano 2003).
- After a spouse, adult children are the next major form of support for seniors. Many older Australians have significant caring responsibilities (Weston, Qu & Soriano 2003).

5. Community participation

It is important to clarify that seniors' participation is both individual (ie relating to one's own life and needs) and collective (about local and community aspirations).

5.1 Current knowledge about community participation by CALD seniors

Participation in community life and in social, cultural, leisure, recreational and learning activities is 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; Vinson 2004). 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).

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). It is generally recognised that being from a culturally and linguistically diverse background can lead to feelings of isolation.

De Vaus, Gray and Stanton (2003) cite studies that show that people in their 60s and 70s tend to be in good health and lead productive and active lives. The changing demographics of older people also has implications for community participation by seniors in the future. As more “baby boomers” age there will be a larger group of older people able to contribute to, and participate in, family and community, although as Weston, Qu and Soriano (2003) highlight extended labour force participation will most likely have an effect.

5.2 Social isolation and CALD seniors

Seniors’ social networks are in greater jeopardy than younger people. Retirement from work or relocation can cause a loss of social networks. Periods of ill health cause seniors to drop out of social networks. Many seniors have care-giving responsibilities for an ageing partner or friend.

Recent ABS data shows the effects of isolating events on seniors. ABS data found that in 1997 32% of older people aged over 65 years lived alone and that they spent an average of 79% of their waking time alone (cited in Swindell 2003). ABS data projects that by 2021 this figure will increase significantly.

Swindell (2003) points out that many of the seniors who live alone are seniors born overseas, many of whom either do not speak English or have reverted back to their original language. Swindell argues these seniors are at greatest risk of social isolation in later life and are likely to face significant difficulties in participating in community activities. Similarly Orb (2002) argues that CALD seniors, particularly older single men and women who have lost husbands, are at heightened risk of social isolation. Many of the single men migrated in the post-war years and have no children or immediate family to provide support.

Social networks and relationships are fundamental to quality of life and community participation. Participation in a variety of social, cultural, community, religious and leisure activities is critical to older people’s health and wellbeing. 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.

5.3 Culture, ethnicity and cultural identity

Culture, language and ethnicity are of vital importance to CALD seniors. A variety of studies shown that culture, ethnicity and cultural identity play a vital role in community participation and well-being (Lalich 2003; 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. Sandra Bygrave (2003) points out that 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).

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

In an important study in Sydney, Walter Lalich has shown how ethnicity is itself a mobilising factor for voluntary community participation. Lalich (2003) shows how ethnicity enhances networks, solidarity and mutual trust within established communities and reinforces ethnic social capital. He suggests that the ethnic group membership and settlement experience generate collective action and create a feeling of solidarity and loyalty to people of a similar ethnic or cultural or linguistic background. Lalich demonstrates how this has resulted in many different forms of mutual aid, the most obvious manifestation of which is the use of private resources to produce social infrastructure, such as communal facilities. Lalich also goes on to show the extent of voluntary community participation by ethnic communities in funding and providing facilities, services and programs for its own members, including seniors.

In a similar vein 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).

5.4 Community participation and successful ageing

Important contributors to successful or active ageing include financial security, physical, emotional and psychological health, access to essential services and community participation. Another important aspect of successful ageing is participation in community, group, social and recreational activities. This delivers physical benefits, as well as social and emotional support and the sense of contributing to and being part of the community. NSW data found that among all seniors the most popular activities are reading, watching television, gardening, listening to music, arts and crafts and interacting with pets (NSW Parliamentary Library 2004).

Orb (2002) points out that ageing as a process is not different for CALD seniors. Where difference lies is in the socialisation process of CALD seniors to cope with the ageing process and the social and economic context of being a minority population within a dominant Australian culture.

5.5 Participation in particular activities

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). A study undertaken in Melbourne with 133 CALD seniors found that:

- The most common activities were domestic activities, walking and gardening.
- Seniors recognise a link between physical activity and mental health.
- Activities were undertaken as a result of involvement in organised social groups and clubs, as well as with families, friends and alone.
- Many seniors wanted to attend social groups with other people of a similar cultural and linguistically diverse background.
- Social support was an important influence on participation and social activity with friends was an important motivator.
- Traditional gender roles patterned activities, and for women there was tension between gender roles and expectations and time to engage in activities.

The Melbourne study found a variety of barriers to CALD seniors' participation in physical activity including:

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

Learning and education

Participation in learning and educational activities can play a major role in promoting the health and well-being of seniors. It can contribute to greater enjoyment of life, increased self-confidence, and satisfaction with life, improved social relationships and improved ability to cope.

Participation in religious and faith-based activities

Religion, faith and spirituality are particularly important for many seniors from culturally and linguistically diverse backgrounds. Cultural identity and community participation is often centred on religion and the church (Wilding & Tilbury 2004). Participation in religious activities may increase during times of stress and with the advancement of age. People can become more religious during times of vulnerability, when experiencing loss or when affected by health problems. This tendency to undertake religious activities and values in difficult times can be seen as a coping strategy. Eltaiba (2005) suggests that religion and spirituality can provide people with a philosophical reference and meaning for their suffering.

The sharing of religious and spiritual values and beliefs also plays a vital role in reducing social isolation and provides a sense of belonging to a wider community. Participation in religious and spiritual activities also provides people with social networks through which they can build social connections and relationships and participate in a wider range of activities (Chahal 2004; Eltaiba 2005). Faith and religious communities are important "entry points" for community participation (Chahal 2004).

5.6 Language and community participation

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).

However, 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 (NSW Aged Care Alliance 2004; Orb 2002).

Colic-Peisker (2004) highlights the way that English language proficiency, or the lack of it, can become what she calls the “major axis of difference” from mainstream Australia. In the same volume Casimiro (2004) highlights the substantial problems experienced by Portuguese people in Western Australia with a lack of English language proficiency. As Orb (2002) points out in her Western Australian review of the health care needs of elderly migrants from CALD backgrounds, the lack of English language skills affects all aspects of their lives and is perhaps the major barrier to participation.

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).

Orb (2002) highlights ways that a lack of English proficiency has a range of other impacts for CALD seniors. 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.

For many seniors language is both personal and cultural (Bygrave 2003). Despite the passage of time for many seniors, their original language is not forgotten and remains intact. The original language can also bring comfort and familiarity at times of distress and crises (Bygrave 2003).

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

Many CALD seniors never learnt formal English, have limited English language proficiency or have lost their English due to regression in old age (Hugo & Thomas 2002; Orb 2002; Thomas 2003). 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 2004).

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).

Language barriers that limit community participation for CALD seniors can include:

- Lack of proficiency in English
- Lack of confidence communicating in English in community and social settings
- Tendency to lose English and revert to one's original language as they age
- Lack of bilingual translators
- Lack of accessible and appropriate information in community language.

5.7 Participation with people of a similar CALD background through ethnic-specific community organisations, centres, services 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). They also provide significant levels of practical, emotional and informal support and networks that may be less obvious (Bygrave 2003; Chahal 2004; Joseph Rowntree Foundation 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).

As Thomas (2003) points out the size of the ethnic community to which CALD seniors belong is an important factor affecting their well-being and community participation. As a community becomes larger and more established it is able to provide a wider social milieu, larger social networks, wider array of activities and greater support to its members. Thomas (2003) argues that newer arrivals and emerging communities require public funding until their own community is able to provide support.

An important study conducted in Sydney by Walter Lalich demonstrates the enormous voluntary contribution made by ethnic and CALD communities to the development of facilities, programs and services to address numerous social needs of members of their communities, including seniors. These have all been developed with limited recourse to commercial and public funding. Lalich describes this as “ethnic community capital” (Lalich 2003). Similarly, the volume edited by Raelene Wilding and Farida Tilbury on behalf of the WA Office of Multicultural Interests also demonstrates the enormous contributions made by ethnic communities and ethnic community organisations here in Western Australia (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; Migrant Information Centre 2002; Wilding & Tilbury 2004).

Extensive research undertaken in the United Kingdom under the auspice of the Joseph Rowntree Foundation (Chahal 2004) and in Australia by Ethnic Communities Council of NSW & NSW Community Options on issues of “cultural competence” (Harris 2004) shows that the attributes of services and programs that cater best for people of CALD background, including seniors, are

- Developing culturally specific and identity conscious services that can address language and communication barriers and focus on the cultural identity of the client (eg use of bilingual workers).

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- Empathy and understanding (perhaps as a result of staff sharing the same cultural and linguistically diverse background as clients).
 - Safe and empowering environment where assumptions and stereotypes are non-existent.
 - Responding to failings in mainstream provision.
 - Responding directly to the specific cultural and other needs of the client (for example in terms of food, language, culture, social and community networks, family, needs, language, activities, values and norms etc.).
 - Advocacy (offering representation).

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, particularly as they are so well placed to meet the needs of CALD seniors. Many organisations are run by workers and volunteers from the same community as the seniors. However, 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, because of the inaccessibility of many mainstream services and programs and activities for 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).

Government funding and support for ethno-specific and culturally and linguistically appropriate services, programs and activities provided through seniors' organisations, day centres, ethnic community organisations and groups are important initiatives to enable greater community participation by CALD seniors. Examples include the Federal Government program *Partners in Culturally Appropriate Care* which focus on the development of partnerships between ethnic communities and service providers through ethno-specific, clustering and multicultural services (Petrov 2004).

Local governments are also playing an increasing role in developing and providing ethno-specific services for seniors and these are proving to be important initiatives in enabling community participation by CALD seniors. A WA example is the Ethnic Melville Active Seniors Club (EMAS) provided and coordinated by the City of Melville. The Club aims to assist CALD seniors who are residents of the City of Melville (many

of whom are frail aged) to participate in appropriate centre-based and outreach activities in the community. Currently programs are provided for seniors from Asian countries, Italian seniors, seniors from the Indian subcontinent and Sri Lanka. Bilingual and bicultural workers with strong community networks and links are employed to coordinate the programs for each cultural group (ALGA 2004).

5.8 Participation in the labour market and employment

Migrants generally have lower labour force participation rates, with those born in non-English speaking countries having persistently high unemployment rates (Bridge 2001, cited in Weston, Qu & Soriano 2003). One result of lower labour force participation is reduced financial resources (Weston, Qu & Soriano 2003).

The Senate *Aged Care* Report (Senate of Australia, 2005) found that older people have a higher unemployment rate and are likely to be out of work longer. Barriers to employment for people of CALD background include:

- Lack of recognition of overseas qualifications
- Lack of proficiency in English
- Lack of access to training
- Opportunities for work are limited for CALD seniors
- Information and referral networks are often culturally inappropriate
- Structural barriers, including racism, can reduce access to education and training
- Mandatory retirement ages.

5.9 Participation in voluntary work, civil society and ethnic and community organisations

Seniors are active citizens with important roles in supporting families and communities. They often play a far greater role than is usually acknowledged and participate actively as citizens through involvement in voluntary work and civil society, that sphere of activity that lies between the family, the market and government (de Vaus, Gray & Stanton 2003; OSIV 2004).

Older Australians contribute significantly in the form of unpaid work. In 2000 almost one third of persons aged between 65-74 and almost one fifth of persons 75 years and over were volunteers (NSW Parliamentary Library 2004). CALD seniors make a significant and varied contribution as volunteers, through their unpaid work and their involvement in ethnic and community organisations (de Vaus, Gray & Stanton 2003; Victorian Government 2004).

The *Seniors Community Participation* study undertaken on behalf of the WA Government's Office for Seniors Interests and Volunteering found that 43% of respondents aged 60 years and over had done unpaid voluntary work in the last 12 months. Over a third of these respondents did more than 20 hours voluntary work per month and one quarter between 10 and 20 hours voluntary work per month. The study found that respondents born in English speaking countries were significantly more likely to report that they enjoyed voluntary work (OSIV 2004).

De Vaus, Gray and Stanton (2003) document the extent of contribution of seniors through unpaid work and estimate that men and women aged over 65 years contribute almost \$39 billion in unpaid work. As the population ages and the size of the seniors' population increases the total value of these contributions will increase (de Vaus, Gray & Stanton 2003).

Although participation in civil society tends to decline after retirement (de Vaus, Gray & Stanton 2003), 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). The NZ research also highlighted the importance of informal volunteering which is unmanaged work one does as a friend, neighbour, relative or member of the community. For seniors this might involve shopping for other seniors, taking another senior shopping or to the doctor, or visiting people in their homes or where they live. The New Zealand research also found that members of the ethnic community may also provide informal translating services for other seniors or act as "cultural go-between" for a member of their family or community. They also spend considerable time supporting members of their ethnic community (cited in Kauler & ECC 2004).

5.10 Participation in mainstream services and activities

Seniors of CALD background often find that mainstream services are inappropriate for their needs and that mainstream services 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 (Orb 2002, NSW Aged Care Alliance 2004). Over the next two decades it is increasingly recognised that mainstream services dealing with seniors will experience unprecedented demand for culturally appropriate services (NSW Aged Care Alliance 2004).

The projected demographic profile of Australia's CALD population indicates significant increases in demand for aged and community services over the next 20 years (Senate Aged Care Report 2005). Currently the number of elderly from CALD backgrounds is 20% of the population aged 65 years and over. This is projected to increase to 23% or almost one quarter of the aged population 65 years and over by 2016.

Use of HACC and residential services by seniors of CALD backgrounds is poor, although access rates to Community Aged Care packages is considered by the NSW Aged Care Alliance to be excellent (Australian Government 2004; NSW Aged Care Alliance 2004). The NSW Alliance argues that the Community Aged Care packages model generally works well for CALD seniors as funding packages are specifically set aside for seniors of CALD backgrounds (NSW Aged Care Alliance 2004). The recent Senate Report found that CALD seniors are under-represented in HACC services compared with people whose first language is English. The Senate report called for:

- Improved response by mainstream HACC services
- Increased cultural competence training for mainstream service providers
- Increased funding for ethno-specific HACC services
- Benchmarks and frameworks for planning and funding
- Wider availability of bilingual workers and
- Improved information strategies.

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).

In her review of CALD seniors' health needs, Orb (2002) found that while the provision of health services is based on the assumption that CALD seniors will be served by mainstream agencies, the evidence suggests that mainstream agencies are not very good at meeting their needs. Orb suggests that 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. Factors contributing to lower use of services by CALD seniors include:

- Language barriers (lack of bilingual translators, lack of English proficiency)
- Lack of cross-cultural communication skills among service providers
- Lack of cultural awareness and sensitivity by service providers and cultural misunderstanding
- Lack of service providers skilled in providing culturally appropriate services
- Lack of information in seniors' own language
- Lack of knowledge about available services
- Stigma and shame associated with certain services
- Lack of coordinated referrals between services and agencies
- Cultural values and norms (norms re seeking assistance from outsiders)
- Lack of income.

The literature suggests that a number of issues are important to increase the participation of CALD seniors in mainstream services (Australian Government 2004, NSW Aged Care Alliance 2004):

- Information provision about services and programs and referral networks need to be improved
- Service and care needs to more responsive to the cultural beliefs and practices and the preferred language of the older person

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- Services need to be provided in the CALD senior's preferred language by accredited interpreters and people with competent language assistance skills
 - Ongoing training in culturally and linguistically competent service provision is required for all staff
 - Negative attitudes and or stereotypes about CALD seniors need to be addressed
 - Partnerships need to be developed with ethno-specific agencies and CALD groups and community
 - Planning needs to take into account the social, cultural and demographic needs of CALD seniors and the current profiles of CALD seniors.

5.11 Participation and public infrastructure

As the population ages, public infrastructure needs to accommodate the changing access, safety and lifestyle needs of older people.

Concessions

The availability and accessibility of services is a critical factor affecting seniors' community participation. Concessions provided by governments in areas such as basic living costs, health, transport, education and training, taxis, property, utilities etc are important in enabling increased participation (Victorian Government 2004). Accessibility to concessions is usually determined by the recipients' eligibility for one of three concession cards issued by the Federal Government. Eligibility criteria and their application can constrain participation (Victorian Government 2004).

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 (Social Exclusion Unit 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).

For seniors with limited mobility public transport is often neither accessible nor appropriate (Waterhouse & Angley 2005). Community transport is an essential part of the local transport infrastructure. Without access to community transport many seniors would be unable to participate. Demand for community transport has increased in recent years (NCOSS 2004; Victorian Government 2004). Taxis are often too expensive for seniors (Waterhouse & Angley 2005).

Public transport, including buses and trains, are vital for seniors, and are used heavily by CALD seniors (OSIV 2004).

Seniors have significantly different transport requirements including mobility restrictions, local transit and low income. Safe footpaths and pedestrian facilities are an important determinant of seniors' access and participation in public transport (Social Exclusion Unit 2005).

The quality of the urban environment affects the extent to which seniors can participate. Ease of walking and cycling, closeness to public infrastructure and public open space all impact on community participation (Social Exclusion Unit 2005; Waterhouse & Angley 2005).

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; Waterhouse & Angley 2005).

Housing

Accessible, affordable and quality housing are essential for seniors' quality of life and community participation (Waterhouse & Angley 2005). The location of housing stock close to public infrastructure such as public transport, health and medical services and community infrastructure is critical for seniors' independence and community participation. In WA public housing and low cost rental housing is increasingly available only in outer metropolitan areas.

5.12 Use of computers and the 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 60-74 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.
- There is a lack of awareness of the relevance and benefit of using the internet.

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- Public access was generally poor.
 - There was reluctance among seniors to engage with the internet.
 - People were unlikely to participate in training unless it incorporated their linguistic and cultural needs.

6. Barriers to participation

Many barriers contribute to limit the community participation of CALD seniors. Major barriers such as language and culture 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; Harris 2004; Chahal 2004).

A recent review of the health needs of elderly migrants from CALD backgrounds undertaken by Curtin University found that major barriers experienced by CALD seniors are language difficulties, social isolation, access to services and the unpreparedness of services to meet the needs of culturally diverse seniors (Orb 2002).

Other barriers identified in the literature include:

Disability and lack of mobility

Older people are more likely to have disabilities than young people, making community participation more challenging (Weston, Qu & Soriano 2003).

Lack of material resources

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). Canadian research suggests that the older the age of immigration, the more likely a senior will live in poverty. This is because accessing sources of income is particularly challenging (Canadian National Advisory Council on Ageing 2005).

Fear of crime

Crime and fear of crime can limit seniors' community participation. Some seniors may stay at home and refuse to go out because of a fear of being a victim of crime. This can lead to increased social isolation (Victorian Government 2005; OSIV 2003).

The WA Government's Office of Seniors Interests and Volunteering found that WA seniors are at reduced risk of being a victim of crime when compared to all other age groups (1.7% for people aged 65 and over compared to 15.9% for people aged 18 to

24 and 13.4% for those aged 25 to 34). The OSIV study also reports ABS data that shows that the majority of people (70%) aged 55 years and over felt safe or very safe at home alone after dark (OSIV 2003).

Despite this some seniors still have a significant fear of being a victim of crime that affects their community participation.

Location

CALD seniors living in rural and remote areas are seen to be worse off than CALD seniors living in the metropolitan area (Orb 2002).

Lack of information and knowledge

Orb (2002) cites a number of studies that suggest a lack of knowledge and awareness of services, programs and activities among seniors of CALD backgrounds is also a barrier to participation.

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