



Supporting older people from culturally and linguistically diverse backgrounds

Older people from culturally and linguistically diverse (CALD) backgrounds are a significant and growing section of the older population. In some areas they comprise the majority of users of community care services. They bring a diversity of experience to older age shaped by cultural attitudes, family roles and responsibilities, and beliefs about health and disability. Also relevant are factors such as length of time since arriving in Australia, reasons for migration, post-migration experiences, and English language proficiency. These in turn influence their expectations and use of community care services.

The aim of this Briefing Paper is to provide information for community care practitioners who work with older people from CALD backgrounds. The Briefing distils evidence from research to guide community care workers and managers in their day-to-day work with older people in the community.

This briefing has been prepared by the Social Policy Research Centre in partnership with The Benevolent Society.

Research to Practice Briefings bring together lessons learned from the literature on a topical issue in community care as a resource for those working in this sector. As in most areas of social policy and practice, the research evidence on community care is continually evolving. The Briefings aim to distil key themes and messages from the research and to point to promising and innovative practices.

An advisory group of academics and expert practitioners working in the area of aged care provide advice and peer review.

Older people of CALD background

Defining cultural and linguistic diversity is not straightforward, but a recent review of the literature on the delivery of community care services to ethnic groups has suggested that there are two key variables. These are language spoken at home and English language proficiency.

However, older people with limited proficiency in English will not all have the same needs and interests in relation to community services (Rao et al, 2006). As well as differences in culture and language between ethnic groups, variations in reasons for migration, length of time in Australia, experiences of settlement, age, sex, religion, income, socio-economic status and geographic location are also relevant (Radermacher et al, 2008).

It is important to recognise the diversity of experiences among older people of CALD background. They are not a homogenous group. However, in the most general terms, older people of CALD background fall into two quite different groups – those who migrated as young people and have grown older in Australia, and those who were already older when they arrived.

Adapting to a new environment can be more difficult for the second group. They have to cope with a different culture and language at an age when they may be less able to adjust. At the same time, they face age-related changes in an unfamiliar, sometimes alienating, cultural context (Thomas, 2007).

Needs of older people from CALD backgrounds

Like the older population as a whole, most older people of CALD background live independently and do not have care needs. Most are part of reciprocal networks of informal family care and community support and prefer to stay in their own homes, close to their known social and

physical environments (Rowland, 2007). Again, like the older population as a whole, some need formal supports and services to allow them to continue to live independently within the community.

The profile of older CALD people in Australia

The growth in number of older Australians from non-English speaking countries is faster than the growth of the older population as a whole, largely because of the ageing of post-war migrants who arrived as adults.

Australia-wide, the largest birthplace groups are from Italy, Greece, the Netherlands, China, Croatia and Poland. In 2004, it was estimated that 50 countries of birth, 34 languages and 30 religions were represented in the older population from CALD backgrounds (AIHW 2004). By 2026, the number from CALD backgrounds is projected to approach a million people.

It is estimated that slightly more than one in four people aged 80 and over will be of CALD background by 2026, and number more than a quarter of a million (Productivity Commission 2008).

Common issues for older people of CALD background

Notwithstanding their diversity, there are a number of themes that are common among CALD older people:

- **loss** of homeland, culture, age peers, status in the community and within the family, and connection with family because of intergenerational cultural change (Jefferies, 2006).
- **isolation** due to declining traditional networks, death of a spouse, poor written and/or spoken English skills, geographical dispersion or remoteness, lack of computer literacy, and difficulties with transport (Nimri, 2007).
- **vulnerability**: the most vulnerable with respect to isolation and lack of access to

services are those who speak little or no English, including recent arrivals (Rowland, 2007).

- **restricted access to services** due to limited language skills, little knowledge of services and lack of accessible information (Browning, 2008).
- **reluctance or inability to identify as 'a carer'**¹: the term is not translatable in some languages (Commonwealth of Australia, 2009), caring may be seen as a continuation of normal family roles, or caring may be carried out by multiple family members (CHF, 2010).
- **culture and religion** may influence beliefs about health and disability (Centre for Cultural Diversity in Ageing).
- **financial restrictions**: CALD older people have fewer financial resources to draw on in their older years than other Australians (Gibson, 2008).
- **communication difficulties**: inability to articulate needs due to poor oral and/or written English skills to begin with or exacerbated by the loss of acquired English language skills as a result of ageing/dementia (Rowland, 1999; Orb, 2002).

Refugees and asylum seekers

Migration is a major disruption in anyone's life and not always an entirely free choice even under the best of circumstances. For refugees and asylum seekers it is not a choice at all but a necessity. Older people who arrived as refugees can feel that they are 'ageing out of place' (Atwell et al, 2007) or 'in the wrong place' (Hugman et al, 2004).

Traumatic memories (about war, for example) can re-emerge even after decades of comparative safety. This can lead to a range of mental health problems (Radermacher et al, 2008).

Community care services for older CALD people

The *Aged Care Act 1997* and the HACC National Program Guidelines (2002) identify older people from non-English speaking backgrounds as a special needs group who may find it more difficult than most to access services.

Improving access to care for people from CALD backgrounds has been a key policy objective over the past 10 years, through the promotion of cultural sensitivity in mainstream services, and by providing culturally appropriate assessment and referral (AIHW, 2007). However, there is evidence of under-utilisation of available services by older people of CALD background (Warburton, et al, 2009).

Barriers to use of care services by CALD older people

The key barriers have been identified as:

- lack of familiarity or awareness of the care and service system
- communication difficulties related to limited English proficiency
- concerns about privacy and confidentiality, for example, related to use of interpreters or workers from within the older person's community
- attitudes about family roles and responsibilities, such that in some communities caring for an older person may be seen as a family responsibility only, resulting in criticism for those who relinquish it
- culturally inappropriate services and lack of cultural competence among workers
- misperceptions that CALD older people all have support from extended families
- service providers' unfamiliarity with or reluctance to use interpreting services
- lack of information resources in community languages, particularly pertaining to small and emerging communities or lack of knowledge about the existence of such resources

¹ In this paper, we use the term 'carer' to mean informal carers such as spouses, other family members and friends.

- lack of services for small or emerging communities in urban or geographically remote areas
- services to CALD clients perceived as posing additional costs to service providers
- intolerance, prejudice and discrimination.

if they receive services from workers from their own community.

There are also advantages and disadvantages of generalist services which cater to all clients, regardless of cultural background.

CALD older people and dementia

12.4% of Australians with dementia – around one in eight – do not speak English at home (Alzheimer's Australia, 2006). Different CALD communities may view dementia in a variety of ways, from viewing it as a normal part of ageing to seeing it as a stigmatised mental illness (Alzheimer's Australia, 2008).

Some additional barriers to use of dementia services include misconceptions about the disease, poorer knowledge about it than in the general population, delayed seeking of services, and loss of competency in English (Cheng et al, 2009; LoGiudice et al, 2001).

The advantages are that CALD clients:

- can draw on the wider experience and more established infrastructure of larger agencies
- may increase the providers' sensitivity to the needs of CALD groups
- can develop links with older people from different backgrounds.

On the other hand, generalist services may have less credibility with CALD groups and may be less able to respond to the special needs of older people of CALD background (Barnett, 1988).

However, the situation need not be seen as 'either-or'. Ethno-specific, multicultural and generalist services can work in partnership with each other to deliver a responsive and effective community care system. Such partnerships may be the best way of providing services to CALD communities.

Ethno-specific and generalist service provision

One of the key debates in the literature revolves around the issue of ethno-specific versus generalist provision of care. Ethno-specific services are those which only provide services to clients of a particular cultural background.

Ethno-specific services have several advantages, including that they:

- can be more culturally and linguistically appropriate
- are readily identifiable by CALD clients
- are better placed to encourage the participation of CALD communities in decision-making.

However, there are also several disadvantages of ethno-specific services, including that:

- they may appear to lessen the responsibility for generalist services to cater to CALD older people
- they may never be available for small ethnic communities or for communities whose members are widely dispersed
- clients may fear a loss of anonymity or privacy

Carers from CALD backgrounds

Many carers from CALD backgrounds may not readily identify as 'carers'.

Older people from CALD backgrounds who are carers rely mostly on other family members to assist them, rather than on formal respite services. They may also not understand the concept or terminology relating to respite and therefore not understand that it is a service for them (Carers NSW, 2007).

Other barriers to use of services include services which are culturally inappropriate, previous negative experiences with services, difficulty with communication, feelings of failure for needing help, prejudice, and misunderstanding of mental illness (Cardona et al, 2006).

Culturally appropriate community care services: Principles and practices

A great deal of literature explores the principles and practice of culturally-appropriate community services. The research outlines six over-arching strategies to make services culturally appropriate, including:

1. recognising diversity between and within different cultural groups
2. using strengths-based approaches
3. developing cultural competencies among staff
4. cultivating tolerance and anti-discrimination
5. providing information and improved communication
6. working in partnership (Warburton et al, 2009).

1. Recognising diversity

It is important for services to acknowledge the diversity between and within local cultural groups and communities, and to avoid generalisations. Services should become familiar with the demographic profile of the communities they work in, and the differences and similarities between cultures.

To achieve this, services can:

- identify CALD communities in their local area and map levels of need. Using resources such as the Australian Bureau of Statistics and local/state multicultural and migrant resource centres (see back page for contacts), services can gather data about the numbers, distribution and language groups of the older CALD population.
- learn more about different cultural groups, access training and culture-specific resources by partnering with ethno-specific services, for example, those funded through the Community Partners Program (CPP), providing training and making use of culture-specific resources.

Practice example

A generalist community care service identified the need for staff training about the Indian community and culture. The service engaged a specialist multicultural service to provide training to their care workers, case managers and case manager support officers.

To work effectively with clients, services need to be aware of the influence of culture and religion on:

- beliefs about health and disability
- attitudes towards personal care services
- family members' role in decision-making about care
- the acceptability of certain treatments.

2. Using strengths-based approaches

Culture can be a source of great strength and joy for people as they age and can provide a foundation for positive ageing (Warburton, 2009). When individual clients do identify their culture as a priority, community care services can draw on a range of community resources and networks to support the client's wellbeing and social connections.

Practical steps for service providers include:

- engaging volunteers of the same cultural background
- making connections with local cultural and faith-based groups
- partnering with ethno-specific organisations.

Practice example

One example of an innovative program is the Culturally Appropriate Volunteer Service (CAVS) Project. This project aimed to support both CALD and generalist agencies to develop and expand culturally appropriate volunteer services by recruiting and training volunteers to support older, socially isolated people from CALD backgrounds (Angeli, 2007; Warburton et al, 2009). The project was led by the Multicultural Development Association in Queensland.

Services can also work with the strengths of clients by delivering client-focused care designed around the unique circumstances of the individual. Within this approach, culture is not an additional factor, but rather an aspect of the strengths and needs of any individual.

Practice example

A Lebanese client who lived on her own had complex physical and psychological problems. A community care service used a professional interpreter to help them fully understand the client's needs.

They discovered that the client felt uncomfortable having a careworker from the same background and asked that all staff coming to her home should speak English and be Australian born. However, she also wanted to maintain links to the community, so the careworker organised for her to attend an Arabic day centre and for her to be accompanied to her preferred local Arabic food stores. The worker also identified a local GP from the same background as the client.

3. Developing cultural competence

Cultural competence is the ability to work effectively across cultures. It refers to a set of attitudes, skills, policies and behaviours that allow services and workers to respond to clients from CALD backgrounds in respectful and appropriate ways.

Generalist community care services can increase their cultural competency by:

- recruiting care staff from CALD communities. Buddy systems between staff can ensure that CALD staff feel supported and included
- providing ongoing training and staff development, including short courses and enhanced provider induction processes
- encouraging volunteers to take up opportunities for training. This is particularly important since many communities are heavily reliant on volunteer work.

Practice example

One community care service employs 86 care workers representing 21 ethnic backgrounds, reflecting the diversity of the community they service.

4. Cultivating tolerance and anti-discrimination

Workers and services must become aware of their own assumptions, values and biases. They also need to acknowledge potentially differing world views of culturally diverse clients, and understand the organisational and institutional forces that can enhance or negate cultural competence (Sue, 2006). There are a variety of resources available that managers can use with their staff to develop self-awareness and cross-cultural knowledge and skills. These encourage self-reflection, valuing the culture of CALD staff members, and staff training. See the back page for a list of contacts.

5. Providing information and improved communication

Services are more accessible and effective when written and verbal communications are understood.

This can be achieved by:

- providing organisational information in a range of community languages
- consulting, partnering and resource-sharing with ethnic communities
- raising staff awareness of how to access and use interpreter services effectively
- using bi-lingual workers
- ensuring that staff are familiar with practical resources for clients such as multi-lingual blister packs (Webster Pak) for managing medicines at home.

Organisations can also raise awareness of their services using translated pamphlets, ethnic radio, newspapers and television, cultural events, and word of mouth (Bartlett et al, 2006).

Practice example

A community aged care service has produced and placed on their website audio-files describing their services in Arabic and Vietnamese. The audio-format was considered more culturally appropriate for potential clients with low literacy skills or difficulties reading due to failing vision.

6. Working in partnership

Generalist and ethno-specific services can complement each other and further contribute to the wellbeing of CALD older people by working in partnership.

Some practical steps include:

- engaging with community leaders to build linkages between CALD

- communities and service providers
- engaging older CALD people, their families and informal carers in care planning and program development
- encouraging mentoring programs and networking among different CALD communities
- partnering with local organisations in training and planning.

Practice example

An Egyptian client was ready to be discharged from hospital. Her community care service organised a case conference involving a social worker, a member of the Aged Care Assessment Team, an Arabic interpreter and a member of her church to ensure the client was discharged in a supported and safe manner.

Discussion Questions

- Think about a time when your own values, beliefs and/or world views were challenged during your work. Did the situation have an impact on the way you did your job?
- Identify an example where you believe you employed cultural competency skills. What were the skills you employed and how were they effective in the situation where you employed them?
- What strategies might you employ and/or what considerations would you make when working with a person from a CALD background whose first language is not English?
- Is it important to know the demographics of your local service area and client group? Why/why not?
- How much knowledge about specific cultural backgrounds and beliefs is the right amount when working with a client from a CALD background? How might such knowledge help or hinder you in building relationships with clients from a CALD background?
- Research has shown that concepts of mental illness and dementia can be different for some cultures and within some cultural groups. How would you work with a person from a CALD background in addressing mental health and/or cognitive impairment?
- How would you go about developing relationships with CALD communities? How would you go about identifying and engaging community leaders?
- On a scale of 1-10, how culturally competent do you think you are? How culturally competent do you think your organisation is? What qualities/skills/attributes did you identify? Can you identify any activities/skills that would increase your or your organisation's cultural competency?

Practice implications

1. Individual clients' needs, strengths and goals must determine the service they receive. The experiences and circumstances of CALD clients of community care services are diverse.
2. Older people of CALD background are less likely to use or know about community care services, due to barriers related to communication, accessibility and cultural appropriateness.
3. Generalist and ethno-specific community care services can complement each other and further contribute to the wellbeing of CALD older people. Partnerships between generalist and ethno-specific services should be nurtured.
4. Community care services can make their services accessible and appropriate for CALD clients. Client-centred service delivery takes account of individual needs and strengths, including cultural factors and social networks.
5. Community care services should maintain up-to-date knowledge of the cultural groups within their local communities and train staff accordingly.
6. Where appropriate, community care workers can draw on the strengths, resources and networks of CALD communities to enhance the wellbeing of clients.
7. Community care services should support their staff to be culturally competent, through appropriate recruitment and ongoing training.
8. Community care services should promote tolerance through encouraging staff reflection, offering training and having strong policies and procedures.
9. Communication is key. Provide translated written information, use interpreters effectively, employ bilingual workers, partner with ethno-specific services and train staff in cultural competence.

Helpful resources

Centre for Cultural Diversity in Ageing: Comprehensive information and tools for service providers.

<http://www.culturaldiversity.com.au/Default.aspx?tabid=75>

NSW Transcultural Aged Care Service: Information, demographics, cross-cultural education and resources.

<http://nswtacs.org.au>

Alzheimer's Australia: Perceptions of dementia in ethnic communities

<http://www.alzheimers.org.au/upload/CALDPerceptionsOct08.pdf>

Cultural Planning Tool: Planning for Multicultural HACC Services.

<http://www.health.vic.gov.au/agedcare/downloads/cpt.pdf>

Diversicare: Free resources for aged care services.

<http://www.diversicare.com.au>

Multicultural Aged Care Inc: Free membership to comprehensive library of resources on CALD aged care. <http://macsa@mac.org.au>

Council on the Ageing NT: Information, cross-cultural education and resources. <http://www.cotant.org>

Tasmanian Migrant Resource Centre: Information, resources and services for CALD clients. <http://www.mrchobart.org.au>

Independent Living Centre, WA: Information and resources.

<http://www.ilc.com.au/>

Community Partners Program (CPP): list of community based organisations representing CALD communities. <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cpp-index.htm#top>

We welcome feedback on this Briefing.

A full list of references can be accessed on The Benevolent Society's website.

The Benevolent Society is Australia's first charity. Established in 1813, we have been caring for Australians and their communities for nearly 200 years, working to bring about positive social change in response to community needs.

The Social Policy Research Centre is a research centre of the Faculty of Arts and Social Sciences at the University of New South Wales. The SPRC conducts research and fosters discussion on all aspects of social policy in Australia.

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