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BETTER ELDER CARE:

Towards culturally appropriate
aged care service provision for
Culturally and Linguistically Diverse
older (65+) adults in Greater Western Sydney

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A report commissioned by SydWest Multicultural Services

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PREFACE

I spent my formative years growing up in a cul-de-sac in the inner-city Sydney suburb of Surry Hills, where I had the privilege of experiencing the true meaning of connecting cultures and building community, which happens to be SydWest's vision since its establishment.

I considered it a given that our small street was exactly what the broader world looked like – a melting pot of different cultures that were willing to connect and share life and experiences through a wealth of cultural activities and norms, despite linguistic barriers. My neighbourhood was a melting pot where your own cultural exchanges were accepted with a smile that was inclusive and non-judgmental.

I was living in an intergenerational household where my grandparents socialised with their own and other ethnicities and appreciated the importance of maintaining language and culture. The history we carried with us built our character and enriched our understanding of the world. This sense of community, culture and language defined who we were. My grandparents were great story tellers and very involved in their community – they had survived WWII, lost brothers, and children of their own along the way, and they shared freely their anxieties, fears and optimism for our future in Australia. Yet despite having led productive and active lives in Australia, once they started experiencing ageing, the barrier of language proficiency and the lack of the cultural sense of belonging – things that would have made them feel safe in their ageing journey – caused them to return to their homeland.

Our SydWest seniors keep reminding us of the importance of culture and language. This is the reason SydWest has invested heavily in services to support our ageing Culturally and Linguistically Diverse (CALD) population in one of the most diverse regions of Australia. We value their needs for cultural safety and belonging, and we consider ongoing funding imperative to address growing indications of isolation amongst and within our communities. All ageing migrants are entitled to equal access to appropriate service delivery and meaningful social participation.

I dedicate this report to my grandparents, and to all our SydWest seniors who require culturally and linguistically responsive services. I hope that this report will initiate further research on, and greater understanding of, how to provide better elder care and service provision for older CALD adults in Greater Western Sydney, and in other parts of Australia.



ELFA MORAITAKIS
CEO, SydWest Multicultural Services

EXECUTIVE SUMMARY

Greater Western Sydney (GWS) is one of the fastest growing regions of NSW with a population of 2.28 million spread across 14 local government areas (.Id, 2015). Like the rest of Australia, GWS is ageing, but it is also growing and becoming more diverse. Recent migration to Australia has resulted in well over 2 million older people from Culturally and Linguistically Diverse (CALD) backgrounds living in Australia.

The proportion of persons aged 65+ in GWS is expected to almost double between 2016 and 2036 – from 300,750 in 2016 to a projected 600,200 in 2036 (Lawton, 2019: 5). Currently one in three older adults (65+) in Australia were born in a non-English speaking country. Little is known about the care needs of Australia's growing older adult CALD population. For GWS in particular there is a growing need to understand the barriers and challenges of ageing, for all older people, but in particular for CALD communities.

As this report shows, many older CALD adults face substantial barriers to integration and access to services due to issues such as: language barriers; limited digital literacy; reduced social networks; and unfamiliarity with the Australian aged care and socio-medical systems. These issues affect access to services for older CALD adults in GWS, services that provide them with essential support, and which contribute to an improved quality of life and well-being.

To find out more about the experiences of older CALD adults in GWS, aged care provider SydWest partnered with researchers from Western Sydney University's Humanitarian and Development Research Initiative (HADRI) to explore what it means to 'age well' for CALD communities. The research was informed by three main questions:

1. What are the specific aged care needs of older CALD adults in Greater Western Sydney?
2. Can culturally appropriate aged care influence and/or improve meaningful social participation?
3. Are there structural barriers that prevent aged care workers from providing culturally appropriate home care for older CALD adults?

Only the first two questions are covered in this report. The third question is addressed in a separate report entitled *Caring for Older (65+) CALD Adults in Greater Western Sydney: Perspectives from Home Care Staff* (Goodfellow & Georgeou 2022), which presents a narrative analysis of interviews with SydWest Home Care staff.

With respect to the first two questions, researchers found the main factors affecting social participation were:

- language proficiency in English;
- services literacy;
- a complicated and difficult to navigate aged care system;
- a perception that older CALD adults' socio-cultural differences from the wider population are not valued;
- poor transport infrastructure.

Lack of English language proficiency impacts older CALD adults' overall experience of understanding and accessing various services. When combined with often poor digital literacy this limits their access to information and communication and increases their dependence on relatives. Cultural differences between Australia and a person's country of origin affect a migrant's interactions with the local community, as well as their relationships with family members, in particular grandchildren who were born and raised in Australia.

As the aged care sector is a shared responsibility, the recommendations contained in this report are relevant to the NSW and Commonwealth governments, however they are also of relevance for Australia's other state and territory governments with significant CALD populations.

In considering how to address factors affecting social participation for older CALD adults in GWS, the key recommendations of this report are as follows:

RECOMMENDATION 1

A cultural well-being framework should inform the existing person-centred care approach in the CALD aged care sector

For CALD aged care it is critical that person-centred care involve cultural awareness. To encourage greater social engagement among older CALD communities, aged care approaches should be informed by a cultural well-being framework that values the unique history, experiences, values and culture of the individual. A cultural well-being approach requires that relationships between care providers and recipients are built on mutual trust and respect, an acceptance of the individual's right to self-determination, a shared understanding of needs, preferences, decisions and aspirations, and a shared collective knowledge of available choices.

A cultural well-being approach should commence from the individual's first contact with the aged care system, and should continue through each and every interaction.

RECOMMENDATION 2

Invest in bilingual aged care training

To manage the needs of an increasing number of older CALD adults in GWS, we recommend the implementation of government funded scholarships for bilingual people, especially young people, to train in aged care – Certificate III in Individual Support (Ageing Home and Community); Certificate IV in Aged Care; Certificate IV in Disability – through the Vocational Education and Training System (VET) and Technical and Further Education (TAFE) systems.

RECOMMENDATION 3

Explore expanding education opportunities in aged care

To upskill a new generation of aged care workers for the aging CALD adults of GWS, Western Sydney University should explore augmenting its existing postgraduate offerings and develop the capacity to train undergraduate students in aged care through a Bachelor's Degree in Aged Care.

RECOMMENDATION 4

Government block funding to approved providers to support social activities

To ensure aged care providers continue to support the coordination of social activities for CALD communities, and that they promote diverse opportunities for regular meaningful social participation and interaction for older CALD adults, we recommend ongoing government block funding to aged care providers. This measure will provide certainty when planning coordinated social activities that can protect against social isolation and enhance feelings of well-being and belonging to the GWS community.

RECOMMENDATION 5

Maintain or enhance existing public transport services

To ensure the capacity for most older adults to continue to live independently, public transport services should be maintained at existing levels, and enhanced in the future to facilitate social interaction for Australia's ageing population.

RECOMMENDATION 6

Upskill language proficiency for CALD aged care

To meet the linguistic and cultural needs of the growing GWS CALD population, we recommend improvements to language training, noting however that this is a long-term goal that will require articulation with state and national language accreditation providers. The training of interpreters on the specific workings and funding arrangements of the aged care system should be considered. Linguistic and cultural competency will enable aged care workers in all parts of the system to better contribute to quality service provision for older CALD adults.

RECOMMENDATION 7

Facilitate opportunities for social connection in green public spaces

To enable opportunities for spontaneous social gatherings for CALD (and all) people, we recommend city planners consider the increased need for accessible green public spaces to enable social interaction.

TABLE OF CONTENTS

| | | |
|--|----|--|
| PREFACE | | |
| EXECUTIVE SUMMARY | | |
| TABLE OF CONTENTS | | |
| INTRODUCTION | | |
| Background: The Changing Population of Greater Western Sydney (GWS) | 11 | |
| Migration and Ageing | 11 | |
| Older Migrant Australians in Greater Western Sydney (GWS) | 13 | |
| Australia's Aged Care System | 14 | |
| SydWest and CALD Aged Care | | |
| PROJECT RATIONALE | | |
| RESEARCH AIMS | | |
| METHODOLOGY | | |
| Theoretical Framework – Cultural Wellbeing | | |
| RESEARCH DESIGN | | |
| Creative Expression Workshops | 23 | |
| Ethnographic Observation | 23 | |
| One-on-one Storytelling Interviews | 23 | |
| DATA ANALYSIS | | |
| FINDINGS | | |
| iii THEME 1: CONNECTION AND DISCONNECTION | 29 | |
| Sub-Theme 1: Kinship and Social Networks | 15 | |
| iv Seeking Resources and Companionship from the Community | 16 | |
| vi Spirituality, Creativity, Family and Belonging | 16 | |
| 1 Family Bonds: An Anchor to Place and Identity | 17 | |
| 1 Enhanced Confidence: | 18 | |
| 1 The Importance of Service Provision and Family | 19 | |
| 1 Creating and Producing: Acts of Nurturing and Caring | 19 | |
| 2 Sub-Theme 2: Loss, Suffering and Peace Seeking | 20 | |
| 2 The Act of Recognising Loss and Suffering | 20 | |
| 2 Loss as a Significant Transitional Point in Life | 21 | |
| 4 Seeking Peace and Harmony | 21 | |
| 5 Sub-Theme 3: Security and Foundation | 22 | |
| 5 Access to Culturally Important Foods | 22 | |
| 6 Neighbourhood Safety | 22 | |
| 7 Faith and Religion | 22 | |
| 7 Autonomy, Privacy, Independence and Agency | 23 | |
| 8 Sub-Theme 4: Situational Acceptance | 23 | |
| 8 Sub-Theme 5: Ageing and Health | 24 | |
| 8 Productivity: Active Learning, Keeping Physically Active, | 24 | |
| 8 and Contributing to Others | 25 | |
| 8 Fear of Losing Social Connection | 25 | |
| 9 THEME 2: THE GENDERED BEING | 29 | |
| 10 Sub-Theme 1: Womanhood | 29 | |
| 10 Sub-Theme 2: Gendered Roles | 30 | |
| THEME 3 – INTEGRATION | 31 | |
| Sub-Theme 1: Barriers to Meaningful Social Participation | 31 | |
| Cultural Barriers | 31 | |
| Generational Barriers | 31 | |
| Accessible Transportation | 31 | |
| Sub-Theme 2: Accessibility of The My Aged Care Portal, | 32 | |
| and Aged Care Services | 32 | |
| Treating Ageing as Illness | 32 | |
| Engaging with Service Providers | 33 | |
| DISCUSSION | 34 | |
| A Comment on Method | 34 | |
| RECOMMENDATIONS | 35 | |
| Recommendation 1 | 35 | |
| Recommendation 2 | 35 | |
| Recommendation 3 | 35 | |
| Recommendation 4 | 35 | |
| Recommendation 5 | 35 | |
| Recommendation 6 | 35 | |
| Recommendation 7 | 36 | |
| CONCLUSION | 37 | |
| REFERENCES | 38 | |

INTRODUCTION

BACKGROUND: THE CHANGING POPULATION OF GREATER WESTERN SYDNEY (GWS)

In December 1981 Australia's population was just over 15 million; by August 2018 it had reached 25 million, an increase of 10 million people in less than 40 years (APH, 2018). This growth comes from natural increase and migration, with the latter being more consistently significant than the former since 2006 (APH, 2017). For the first seven decades of the Australian Commonwealth, founded in 1901, Australian immigration policy favoured European migration. The racist 'White Australia' immigration policy gave way to multiculturalism as official policy from the 1970s onwards (Jupp, 1995). One result of this more diverse immigration has been a shift in source countries for migration to Australia. Recent migration from Asia – China, India, Philippines, Vietnam, Malaysia and Sri Lanka – has resulted in well over 2 million older people from Culturally and Linguistically Diverse (CALD) backgrounds living in Australia. One in three older adults (65+) living in Australia was born in a non-English speaking country (ABS, 2017; AIHW, 2018). In the year ending 30 June 2020, almost 30% of the Australian population was born overseas (ABS, 2021a).

After migrants from the United Kingdom, Indian migrants are now the second largest group of all migrants to Australia (721,000), and Chinese are third (650,000). Other top ten source migration countries to contain significant non-English speaking populations include: 270,000 people from Vietnam (6th), 178,000 from Italy (8th), 177,000 from Malaysia (9th), and 147,000 from Sri Lanka (10th). While many Filipinos are English speaking, this is also a CALD community and ranks 5th in overall overseas born people living in Australia, with 310,000 people born in the Philippines now living in Australia (ABS, 2021b).

Apart from its refugee and humanitarian intake, Australia has an immigration policy that aims to attract 160,000 migrants in 2021-22. Just under half of these (79,600) are in the skilled stream, which includes employer sponsored positions (22,000), global talent (15,000), and business innovation and investment (13,500). The other main group (77,300) is the family stream, which is heavily geared towards partners (72,300), rather than parents (4,500) (DHA, 2021). People thus come to settle in Australia for work, and may bring their partner, but they will grow older in Australia, mostly without their parents. With respect to those applying for offshore humanitarian visas to Australia (the largest component of the humanitarian program) between 2015-16 and 2019-2020, people over 50 years of age constituted just 10-13% of all applications (DHA 2020: 9). In 2019-20 of the 82,851 applications just 11,521 were granted (13.5%). If the figure of 10-13% of people over 50 holds in general, then around 1,150-1,200 people over 50 were granted humanitarian visas (DHA 2020: 11).

MIGRATION AND AGEING

With continued migration the number of older CALD Australians is set to increase further, while Australian adults are on the whole also living longer. Children born between 1970-72 could on average expect to live until 74.5 for a girl, and 67.8 for a boy. Three decades later, a girl born in 2002-2004 could on average expect to live to the age of 83 (a gain of 8.5 years), and boy until 78.1 (a gain of 10.3 years). In 2017, around 3.8 million Australians (just under one in seven people) were aged 65 years and over. By 2057, it is estimated Australia will have 8.8 million older adults (one in five people), and by 2097 this ratio is set to increase to one in four (12.8 million people) (AIHW, 2018).

Migration and ageing intersect. One third of all older Australians live in the state of New South Wales (NSW), which has a population of 8 million, of whom 5.2 million (65%) live in the capital Sydney and its surrounds. One-quarter of all older Australians live in the state of Victoria (AIHW, 2018), which has a population of 6.7 million, of whom 5 million live in Melbourne (74.6%). There is a growing need to understand the barriers and challenges of ageing for all older people, in particular for those older adults from CALD backgrounds. In South Western Sydney, fewer than half of residents (46.3%) spoke only English at home, and this figure was far less than the NSW state average (68.5%). In some Local Government Areas (LGAs) non-English languages were dominant at home: Fairfield (75.5%), Canterbury-Bankstown (63.7%), and Liverpool (57.2%) (.Id, 2015).

While ageing has challenges with varied needs, these challenges are further exacerbated for older adults from CALD backgrounds. Many overseas-born Australians face substantial barriers including a lack of English proficiency, limited digital literacy, lack of networking and socialising, and limited understanding of the Australian 'way of living' and sociomedical system (Atwell et al., 2007; Caidi et al., 2020; Du and Xu, 2020; ECCV, 2012; FECCA, 2015; Rao et al., 2006; Royal Commission into Aged Care Quality and Safety, 2019; Walker et al., 2013). Unavoidably, such barriers affect the capability of older adults to access and engage with the essential support and services that contribute to good outcomes and improved quality of life (Al Abed et al., 2013; Atwell et al., 2007; Fountain et al., 2019; Johnstone and Kanitsaki, 2008; Refugee Health Research Centre, 2005).

OLDER MIGRANT AUSTRALIANS IN GREATER WESTERN SYDNEY (GWS)

Greater Western Sydney (GWS) is one of the fastest growing regions in NSW. According to the 2016 census GWS has a population of 2.28 million spread across 14 local government areas (ABS, 2017)¹. Western Sydney is home for many migrants and with 39% non-English speaking households has double the Australian average (18%). In some suburbs this is as high as 87% (Cabramatta), and in others around 80% (Bankstown and Canley Vale). According to ABS data (ABS, 2017), approximately 12.4% of the region's total population (285,096 usual residents) were aged 65 years and over.

GWS is a primary destination for many people who migrate to Australia. GWS also contains eight of the top ten LGAs that are expected to grow at the fastest rates between 2011 and 2031. The top five LGAs are all in GWS: Camden (5.11% expected growth); Auburn (2.59%); The Hills (2.31%); Liverpool (2.15%); and Blacktown (2.08%) (Montoya, 2015). GWS LGAs all recorded increases in their overseas-born populations between 2006 and 2011 – including 25,000 from India, 12,000 from China, 8,000 from Iraq and 7,000 from Philippines (Id, 2015). There is a corresponding increase in the proportion of persons 65+ in the GWS region, from 10% in 2006 to 11.1% in 2011, and to 12.4% in 2016. The proportion of persons aged 65+ is expected to almost double between 2016 and 2036 – from 300,750 in 2016 to a projected 600,200 in 2036 (Lawton, 2019: 5).

Demographic data from GWS presents a picture of one of the most linguistically diverse areas of Australia, a country that has over 300 non-indigenous languages. Some 38% of the GWS population speak a language other than English (LOTE) at home. According to 2016 census data, 54% of persons 65+ in GWS spoke 'English only', while 40.2% spoke another language and spoke English either 'well' or 'very well' (Lawton, 2019: 68). The 2016 census reported that 21% of Australian homes speak a primary language other than English. Notably, there was a decline in the percentage of persons aged 65 years and over who spoke 'English only', from 59.1% in 2006 to 54% in 2016, while there was an increase of 78.9% in those aged 65 years and over who spoke another language and spoke English 'well' or 'very well' – from 35,735 (18.1%) in 2006 to 63,931 (22.4%) in 2016 – which equates to 28,196 more older CALD adults in GWS (Lawton, 2019: 68).

GWS is thus both culturally and linguistically diverse, much more so than many parts of Australia. A significant percentage of Australia's CALD population lives in GWS. In terms of the percentage of LOTE in GWS to all Australian LOTE speakers, the region is home to: 62% of Assyrian/Aramaic speakers (languages spoken in Iran, Iraq, Syria, Turkey); 50% of Akan (Ghana) speakers; 48% of Lao (Lao PDR) speakers; 45% of Arabic speakers; 43% of Kurdish speakers (Iraq, Syria, Turkey, Iran) 43%; 37% of Tongan (Tonga) speakers; 34% of Samoan (Samoa) speakers; 33% of Hindi (India) speakers 33%; 29% of Vietnamese speakers; 28% of Filipino/Tagalog (Philippines) speakers; 27% of Tamil (India/Sri Lanka) speakers; and 27% of Maltese (Malta) speakers. Many in these communities are Australian-born; for example around 50% of Arabic speakers are born in Australia (Id, 2015).

AUSTRALIA'S AGED CARE SYSTEM

In Australia in 2017 and 2018, 1.3 million older adults (three out of every 10 older adults) received some form of aged care (Atkins and Baldassar, 2020; DoH, 2021a). The majority of these older adults received home-based care and support, and relatively few lived in residential care (DoH, 2021a). They are thus 'ageing in place', defined by the World Health Organization (WHO, 2015) report as:

...a common preference among older people for remaining in their local community and maintaining their social networks throughout the ageing process. There are many ways for older people to age in place. Sometimes it means staying in place: that is, continuing to live in the same home. For others, it means moving to a home that is safer or more adapted to their needs while maintaining vital connections with their community, friends and family. In all cases the focus should be on the older person ageing in a place that is right for them. Ageing in the right place may require a wide array of services and a family of caregivers (WHO, 2015: 136).

In Australia, the Commonwealth (Federal) government and individual state governments share responsibility for aged care services such as care-at-home, residential care in aged care (nursing) homes, and short-term care (e.g., after-hospital and respite care).

Aged Care services in Australia are delivered by a mix of not-for-profit organisations, government organisations and for-profit private companies (DoH, 2021b). The Commonwealth government's aged care system is managed by the Department of Health, which provides a gateway to a range of services including: the Commonwealth Home Support Programme (CHSP); the Home Care Packages program; and residential aged care. The NSW state government however manages all public hospitals (which are Commonwealth funded), and which provide free care for residents of GWS who have Medicare privileges. Needless to say, the health and aged care systems in Australia interact, and are complex.

The provision of aged care in Australia reflects the global neoliberal agenda that has affected every aspect of the economy since the 1980s, and which is linked to the privatisation of government services, deregulation and competition, supposedly in the name of greater efficiency. In Australia this shift has involved a change from the provision of services by the state to the citizen as a right, to the provision of services through the market, particularly through the private sector, with the citizen as consumer, client or customer – the 'consumer directed care model'. The aged care sector reflects this service provision landscape, much of which is actually staffed by charities, and not-for-profits, in many cases subsidised by the state, or with most of the market cost of service provision borne by volunteers (Hawksley and Georgeou, 2019: 47-48).

¹ At the time of writing data from the 2021 census had not yet been released.

After applying for assessment with the Commonwealth Department of Health, older CALD adults receive a determination based on their need for assistance. The determination informs the client which services they qualify for, and provides them with a list of private, and not-for profit providers. The cost of the service is then paid for by the client, although this is not the full market cost as part of the price is covered by the state, which directly pays the provider. This system rests on the client making informed decisions about the strength and weaknesses of the services available. As an October 2016 briefing paper from the Parliament of Australia makes clear, while the state manages the overall provision of services, the onus is on the client to find the appropriate provider:

The Australian Government controls the number of subsidised aged care places that are available (in the home or in a care facility). The planning framework aims to increase the number of aged care places in line with the ageing population, and to balance the supply of places across city and country areas. The Government is aiming for an aged care provision ratio of 125 aged care places per 1,000 people aged 70 years or over by 2021–22. As at 30 June 2015, there were 111.5 operational aged care places (81.1 residential and 30.4 home care) per 1,000 people aged 70 or over.

Aged care places are currently allocated to providers who are approved to provide care under the Act (approved providers), and eligible clients must find a provider with an available place in order to access care. In line with recommendations by the PC [Productivity Commission] for greater consumer choice, from February 2017, home care places will be allocated directly to clients who can then choose their preferred provider (APH 2016).

A 2019 (APH, 2019) update to the above information notes that with respect to subsidised aged care arrangements:

Residential and flexible places are allocated to approved providers. Eligible clients must find a provider with an available place to access care. Residential and STRC [Short Term Restorative Care] providers who want to increase their allocation compete for new places through the annual Aged Care Approvals Round.

HCPs [Home Care Packages] are allocated to eligible clients once they reach the top of the national package queue (also known as the home care waiting list). The client can then select an approved home care provider to deliver their package. As at 31 December 2018, there were 127,748 people on the home care waiting list, although most of these could access either a lower level package or CHSP [Commonwealth Home Support Programme] services while they waited for a package at their approved level.

From the above discussion three main points are salient: (1) the vast majority (seven out of every eight older people aged 70+), live unassisted in the community; (2) it is up to consumers to sift through information central to making decisions concerning their at-home care; and (3) approved providers compete to service government funded places.

A significant flaw in this system is that limited services literacy means that as a consumer “you don’t know what you don’t know” (Rees et al., 2018). Within the complexity of the health system, “Aged care service literacy runs parallel to health service literacy, but also connects directly when health and aged care services interact, for example during a health crisis” (Rees et al., 2018: 6).

As noted previously the Commonwealth has different forms of aged care provision: the Commonwealth Home Support Programme (CHSP); the Home Care Packages program; and residential aged care.² The CHSP aims to support people with low-level needs to live in their own homes, and to remain independent and socially active as they age. The CHSP commenced 1 July 2015 and is a combination of four programs:

- Commonwealth Home and Community Care (HACC) Program;
- Planned respite from the National Respite for Carers Program (NRCP);
- Day Therapy Centres (DTC) Program Assistance with Care; and
- Housing for the Aged (ACHA) Program.

The Commonwealth government pays a variety of organisations ('approved providers') across Australia to deliver aged care services at a subsidised price for the consumer. 'Clients' eligible for Home Support under this program can select a number of different service providers to deliver services including: domestic assistance; personal care; home maintenance; home modifications; aids and equipment; nursing care; social support; transport; meals and food services; allied health support; planned respite care. Approved providers set their own prices for services provided, with those eligible to receive services contributing to the cost of the services received (DoH 2021b).

The Home Care Packages Program aims to support older people with complex care needs to live independently in their homes. There are four levels of Home Care Packages (AG, 2021):

- Level 1, Basic Care Needs;
- Level 2, Low Care Needs;
- Level 3, Intermediate Care Needs; and
- Level 4 High Care Needs.

The Commonwealth government assigns the Home Care Package level based on eligibility and needs. Approved providers then plan, organise, and deliver the Home Care Packages (DoH, 2021c).

² This report does not examine residential aged care.

Assessment of client eligibility for the program involves a two-part process beginning with an online or phone assessment via the My Aged Care website. If the outcome of the initial assessment is positive, applicants' eligibility and Home Care Package level will then be assessed in person in their own home (AG, 2021b). Those eligible may select their preferred approved provider to deliver their Home Care Package. Providers set prices of each of their Home Care Package services and may sub-contract to other organisations to provide services. The care recipient and the Commonwealth government both pay the provider directly. The government contribution is comprised of: "a subsidy, including supplements for specific care needs; basic daily fees, payable to everyone who receives a package; income-tested care fees, payable by people who have income over a certain amount; and amounts for additional care and services, payable if a person wants extra services that the package funding would not otherwise cover" (DoH, 2021c).

A 2018 review of studies of health service accessibility in Australia found that a person's cultural background – alongside geographic local, transport and multi-morbidity factors – represented a key difficulty in gaining access to health services for older people (van Gaans and Dent, 2018).

SYDWEST AND CALD AGED CARE

Sydwest is a registered charity with the Australian Charities and Not-for-profits Commission. In the aged care sector Sydwest is an approved provider of Aged Care Services for older adults from CALD backgrounds, however Aged Care is just one of six areas in which Sydwest provides services to migrants, the others being: settlement, women and families, youth, disability and housing. Based in GWS, Sydwest has offices in Blacktown, Rouse Hill, Mt Druitt and Penrith.

In the 2019-2020 financial year Sydwest recorded a modest positive balance (Sydwest Annual Report 2019-2020: 38-40). It received funding of \$4.6 million from a range of NSW and Commonwealth Ministries and Agencies, as well as from non-government sources. It also generated over \$6.5 million in income from the services it provides in GWS, and just over \$752,000 from other income. Sydwest expenses totalled just over \$10.9 million, of which staff constituted a little over \$7.8 million (71.5%).

Sydwest is the largest multicultural not-for-profit aged care provider in GWS, and it works with migrant communities to link them more strongly to the wider community. Sydwest is an approved provider of Home Care packages which it offers to those who require basic to high-level care, with services including case management and assistance with activities of daily living. By tailoring care plans to a person's specific circumstance, Sydwest supports CALD adults to continue to live independently in their own homes. Sydwest's aged care staff are bilingual and bi-cultural. They come from a wide range of backgrounds to cater to the growing diversity of GWS.

Sydwest is also a service provider of home support services and coordinates social support groups for GWS migrant communities, an activity that includes regular meetings for older CALD adults. These meetings are run by the communities themselves using the Sydwest premises at Blacktown, where research and interviews for this report occurred. Sydwest also organises social outings, information sessions and group sharing, which helps older CALD adults keep in touch with each other and their cultural heritage. Current groups include Coptic/Arabic, Bhutanese, Chinese, Croatian, Filipino, Indian/Fijian Subcontinent, Indian (Glenwood), Maltese, Serbian, Spanish, Turkish, Iranian, Sri Lankan, Blacktown Multicultural, and Mt Druitt Multicultural seniors' groups (Sydwest, 2021).

Sydwest's *Healthy Active Living* program was established 2016. Its trained care workers teach aged care clients the key exercise activities aimed at improving strength and balance that can help reduce the risk of falls in the home (Sydwest, 2021).

In addition to its at-home care and social support groups Sydwest offers two respite services: Flexible Respite, and Centre Based Respite. Flexible Respite includes a community access and in-home respite service to allow carers an opportunity to undertake activities that nurture their own well-being. The Centre Based Respite Program provides day care for seniors encouraging "positive ageing and well-being through a program of activities designed to stimulate participants physically, mentally and emotionally" (Sydwest, 2021). Activities include: arts and crafts; digital technology familiarity and training; health information sessions; exercise, mediation, group outings, and yoga.

PROJECT RATIONALE

From 2020 and the onset of the COVID-19 pandemic in Australia, restrictions on movement for public health reasons have created concerns about social isolation for all people, and amplified concerns for older people in particular. While social contact is of course available in aged care homes, it is important to note that most older Australians live outside of aged care facilities and do not engage with other forms of aged care support. As such, older people have been experiencing pandemic at home.

When combined with COVID-19 restrictions – such as lockdowns, which limited leaving the home to shopping for essential items, and one hour a day of exercise – such barriers to social isolation are exacerbated. Many older people cannot walk for an hour a day, and so are reliant on “compassionate care visits” from others for human contact. Even before the COVID-19 pandemic commenced in early 2020, most older Australian adults lived alone, suffered from decreased mobility, and were at risk of social isolation (Blunden et al., 2019).

Numerous previous studies confirm that isolation – including practical, social and emotional loneliness, depression and stigma – is a common outcome for older CALD adults, particularly those from migrant and refugee backgrounds (Atwell et al., 2007; Du and Xu, 2020; Fountain et al., 2019; Refugee Health Research Centre, 2005; Panagiotopoulos et al., 2013; Walker et al., 2013).

Seven of every ten older Australians live in the community, however little is known about the care needs of Australia's growing older adult CALD population, most of whom exist outside of residential aged care facilities. Among some of the more recently established CALD communities in Australia there is “extreme resistance” among their older people to residential aged care, with these older people preferring to stay with their families. There is however a higher acceptance of residential aged care among communities with a longer history of settlement in Australia (Rees and McCallum 2018: 17).

Isolation, including practical, social and emotional, loneliness, depression and stigma are common outcomes when older adults from CALD migrant and refugee backgrounds cannot overcome barriers such as limited digital and/or English literacy (Atwell et al., 2007; Du and Xu, 2020; Fountain et al., 2019; Refugee Health Research Centre, 2005; Panagiotopoulos et al., 2013; Walker et al., 2013).

The most critical barriers to a sense of ‘belonging’ are language proficiency in English, services literacy, and a perception that their socio-cultural difference from the wider population is not valued. Lack of English language proficiency impacts older CALD adults’ overall experience of understanding and accessing various services. Poor digital literacy limits their access to information and communication and increases their dependence on relatives. Cultural differences between Australia and a person’s country of origin affect an older migrant’s interaction with the local community, as well as their relationships with family members (e.g., grandchildren who were born and raised in Australia).

Experiences of ageing combine with language and the socio-cultural and technology contexts to shape attitudes about ‘belonging’ and ‘ageing well’. In this way, culture and meaningful social participation play a critical role in the well-being of older CALD adults. It is thus important to understand how cultural well-being can articulate with the aged care and service needs of CALD communities.

The cultural and language needs of the growing GWS CALD population must therefore be considered in the aged care that is provided to them, and in the service delivery activities that are designed for them.

RESEARCH AIMS

In order to discover more about the aged care and service provision needs of this ageing CALD population, SydWest partnered with Western Sydney University's Humanitarian and Development Research Initiative (HADRI) in a Western Sydney University *Research Partnership Program*. The research was co-designed by SydWest and HADRI, and was conducted in accordance with Western Sydney University Human Research Ethics application number: H13860.

This research explored experiences of aging for older CALD adults in GWS. Specifically it aimed to identify practices that are culturally and linguistically supportive of older CALD people, and how opportunities for social participation in cultural practices may assist older CALD adults' cultural well-being as they age in place. The research was informed by three main questions:

- 1.** What are the specific aged care needs of older CALD adults in Greater Western Sydney?
- 2.** Can culturally appropriate aged care influence and/or improve meaningful social participation?
- 3.** Are there structural barriers that prevent aged care workers from providing culturally appropriate home care for older CALD adults?

Only the first two questions are addressed in this report. The third question was investigated through a series of interviews with SydWest aged care staff, and has been written up as a separate report for SydWest entitled, *Caring for Older (65+) CALD Adults in Greater Western Sydney: Perspectives from Home Care Staff* (Goodfellow & Georgeou, 2022).

METHODOLOGY

THEORETICAL FRAMEWORK – CULTURAL WELLBEING

Migration can provide opportunities for growth and resilience, yet it can also negatively impact a person's well-being. There is a strong relationship between health and well-being, and between well-being, economic growth and productivity. Well-being as a field of study has historically largely been dominated by the discipline of Psychology, and this has shaped dominant conceptualisations of well-being that emphasise the individual and the individual's mental health. Such an approach tends to ignore other factors, such as the way in which social, economic, environmental and cultural policies impact the well-being outcomes of particular social groups (Dalziel et al., 2006). It also neglects the cultural contexts from which we make meaning, including, *inter alia*, food choices and practices, mediation of relationships, and caregiving and receiving in cross-cultural and multicultural contexts (Carlisle and Hanlon, 2008: 264-5; Napier et al., 2014: 1616). A holistic conception of well-being draws upon understandings in relation to indigenous communities (WHO, 2010) that includes conceptions of culture, strength, self-determination, spiritual links to land, connectedness to ancestors and between individuals, community, the greater universe and creative practice.

Termed 'cultural well-being', this approach is used in relation to public policy for indigenous peoples by the governments of New Zealand (Reid, Varona, Smith and Fisher, 2016), as well as in Wales, United Kingdom (Cwm Taf, 2018), while a program in Finland from 2010-2014 linked culture to health and well-being through art making (MoEC, 2010).

For the New Zealand government, the cultural well-being approach focuses on "the vitality that communities and individuals enjoy through participation in recreation, creative and cultural activities [and] the freedom to retain, interpret and express their arts, history, heritage and traditions" (NZMfCH, 2019). Cultural well-being is thus influenced by the freedom to participate in and practice cultural activities, and to belong to a cultural group, but to date its application has been mostly limited to indigenous populations.

Mackay (2016) has argued for the adoption of a cultural well-being approach that emphasises the creative-spiritual-cultural-ecological nexus, and has explored the concepts of cultural and spiritual well-being through an examination of artworks by a women's community group, and the process of creating them. Other than the physical components- Home (Shelter) and Income - that contribute to well-being, Mackay's (2016) study highlights the significance of a sense of being engaged with creative practice, and of feeling, thinking, and producing artefacts. Along with cultural values, beliefs, identity, and relationships, such creative expression contributes to an individual's or a community's well-being. Those more abstract components call attention to the spiritual and cultural aspects of humanity, and to the complexity of understanding well-being. In this view, cultural well-being is a dynamic concept. Indeed, the New Zealand Ministry for Culture and Heritage notes that local councils should feel free to interpret the concept of cultural well-being within the contexts of their own communities (NZMfCH, 2005). Cultural well-being thus varies during one's life, including when engaging with settlement in another country, and, as we contend, when ageing.



RESEARCH DESIGN

The research design was developed by HADRI in collaboration with SydWest Multicultural Services. This research employed arts-based research (ABR) practices defined as "...a set of methodological tools used by researchers across all disciplines during all phases of social research including data generation, analysis, interpretation, and representation" (Leavy, 2015: 4). ABR enabled the researchers to explore participants' understandings and experiences of cultural well-being through the use of creative expression activities. The approach engages with multiple forms of knowing as it portrays what cannot be articulated linguistically and represents a "deliteralisation" of knowledge (Eisner, 2008: 7).

Prior to the research, SydWest Multicultural Services had been supporting and facilitating the activities of various seniors social groups, and it continues to do so. The research team collaborated with the Team Leader, Seniors Social Support Group, and consulted the volunteer group leaders of each seniors group that chose to participate in the research. After the group members were informed about the context of the study and the activities involved, the existing members of these groups decided whether or not they would participate in the research. Five seniors social groups were approached to be involved in the research, and three volunteered.

These seniors social groups identified themselves by language and/or ethnicity: Chinese Mandarin speaking; Coptic/Arabic speaking; and English/Tagalog speaking Filipinos.

Workshops were held throughout April and May of 2021. There were between 10-13 participants in each cultural group selected. The participants committed to stay for all six workshops, however due to extreme weather events or essential medical appointments, there were sometimes less than 10 participants attending.

The study adopted a ABR approach that included three components:

- creative expression workshops;
- ethnographic observation; and
- one-on-one storytelling interviews.

Participant comments in this report come from both the creative expression workshops and the storytelling interviews.

CREATIVE EXPRESSION WORKSHOPS

Creative expression workshops were designed to enable participants to describe aspects of human experience that words cannot articulate well. Within the creative expression workshops research participants were actively engaged in designing and co-producing research data in the form of creative outputs over an extended period of time (six weeks). The research team designed six two-hour group workshops (one for each week) using a mix of different creative expression activities – drawing, painting, singing, or collaging – to guide and engage the participants to share their lived experiences through discussion and creative outputs. The activities involved both individual and group works. Each workshop was facilitated in English and explained in the primary language of each seniors group. Workshops were recorded and transcribed in the primary language of the group, and later translated into English.

In addition to data collection, the creative expression workshops acted as interventions, designed to build the confidence, skills and knowledge of participants, and to build rapport between participants and researchers, to create a social environment based on mutual trust.

ETHNOGRAPHIC OBSERVATION

During each creative expression workshop for each seniors social group the research assistant recorded fieldnotes, and photographed the activities, artworks and artifacts made by participants, as well as objects they brought to the workshops. The workshop facilitator also submitted their reflections at the completion of each workshop session.

The research team used ethnographic observation, an approach typically used by cultural anthropologists to elucidate the world views of people from cultures other than their own. The researchers also practiced techniques of 'effective listening' to show speakers they were being heard and understood. These measures assisted if sensitive topics arose, and enabled potentially difficult topics to be managed without exclusion or censure.

In Cultural Anthropology the researcher takes 'fieldnotes' (ethnographic documentation) (Campbell & Lassiter 2014: 64) which document important contextual information as well as observations of participants (Phillippi & Lauderdale 2017). Specifically, in this type of study the researcher will be present in the event (the workshop) and observe how participants naturally interact with the creative expression activities, and with each other, the mood and level of engagement of participants, as well as how the researcher engages with the research participants for example, how participants might reflect on topics discussed. This 'observant participation' (Seim 2021) over the duration of the workshops explicitly acknowledges how the researcher's own positionality informs her interpretation of others; builds on processes of intersubjectivity and focuses attention on those points where "co-understandings" emerge between people. As Seim (2021: 1) notes, there are differences between this and the more standard 'participant observation': "Where participant observation presents more opportunities for mobile positioning, outward gazing, and inscription, observant participation presents more opportunities for fixed positioning, inward gazing, and incarnation."

ONE-ON-ONE STORYTELLING INTERVIEWS

In total we interviewed ten people (four from the Mandarin speaking group; four from the Filipino group; two from the Coptic/Arabic speaking group). Each interview was divided into three parts: scope of life, settlement, and meaningful social participation. The duration of each interview was 45 minutes to one hour. The interviews were conducted using the first language of the participant, and were later translated into English.

DATA ANALYSIS

The research employed thematic analysis. All transcriptions from the one-on-one storytelling interviews and the creative expression workshops were manually analysed using Braun and Clark's (2006) six step process:

1. Familiarising with the data through reading and re-reading the transcripts and field notes.
2. Generating initial codes and inserting the initial codes in the transcripts.
3. Searching for themes and grouping the codes into developing relevant themes.
4. Reviewing the themes against the coded extracts and the data extracts and creating a thematic map.
5. Defining and naming the themes and sub-themes.
6. Narrating the themes and sub-themes, with a selection of participants' voices for each theme.

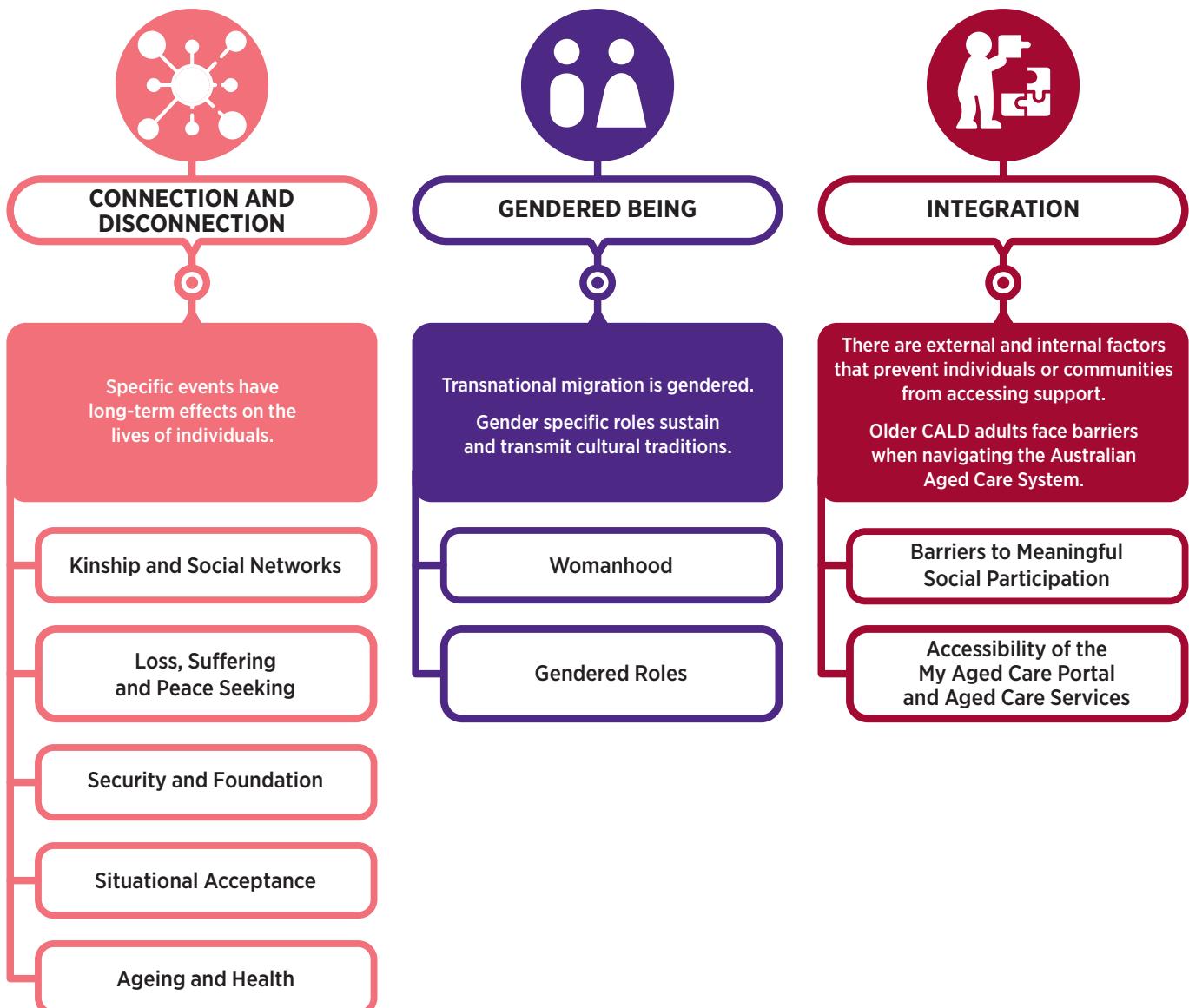
This process was adapted to the analysis of creative outputs.



FINDINGS

After translation, transcription and coding, the research team worked to distil a large quantity of information into relevant themes to create a thematic map (Figure 1) containing three themes: Connection and Disconnection; the Gendered Being; and Integration. Each Theme contained between two and five sub-themes.

Figure 1: Thematic Map of Study Findings



THEME 1: CONNECTION AND DISCONNECTION



This section – Connection and Disconnection – discusses the largest amount of data obtained in the data collection process. It calls attention to the significance of ‘vital conjuncions’ in the lives of individuals and communities (Pillay, 2020). These vital conjuncions are not only between people and communities, but also link to memories, past histories and future aspirations, spirituality, and transitional points throughout their lifetimes. More importantly, these vital conjuncions play a critical role in individual and collective agency and decision making; in varying degrees they facilitate agency, and yet they can also be restrictive and contain dimensions of conflict and power (Archer, 2003; Barnes, 2000; Bourdieu, 1986; Köngeter & Smith, 2015; Pillay, 2020).

Despite coming from various cultural backgrounds and arriving in Australia at different points of time, the participants have continuously made efforts to navigate through their transnational journey and to reconfigure their identify and place while settling in a new country. These efforts have been demonstrated in a variety of ways depending on their circumstances, and on the resources available to them. Nevertheless, the participants all highlight how maintaining, transforming, or negotiating their sense of connection – being connected to something larger than themselves – is crucial to their well-being.

Five sub-themes emerged in this theme, as detailed below. When necessary we have further grouped these themes into main topic areas.

SUB-THEME 1: KINSHIP & SOCIAL NETWORKS

The participants across all three seniors social groups frequently shared experiences that emphasised how connectedness to their kinship and social networks, and to aged care services, have been vital to their sense of well-being. Connectedness provides feelings of living a meaningful life and of being supported. The participants in this study have drawn on the support available within their various networks to assist them to realise their aspirations, and to develop and navigate their changing social roles and identities as they age. Furthermore, these networks also serve as a resource that helps them to build their resilience (Pillay, 2020; Köngeter & Smith, 2015) and facilitate their access to aged care services.

There is an important difference in meaning between ‘kinship’ and ‘social networks’. Kin are family, your immediate relatives – parents, children, cousins, grandparents – and depending on how widely the concept of kin is taken, this could include a small or a very large circle of related people. Kinship networks create the terrain and resources for individuals to respond to the demands of daily life, changing circumstances, and unexpected disruptions (Chambon, Schröer & Schweppe, 2012; Pillay, 2020). Kinship networks are one kind of social network, which generates, to a varied extent, social capital, and social support. For example, kinship networks can assist members to achieve goals (such as buying a car, or even a house, or moving to a new city), however reciprocity may be required and some members of the kin network may expect financial assistance or accommodation for themselves or their own family in the future.

In contrast to kinship networks, social networks include all possible interactions and communication involving the reproduction and transformation of meanings, ideas, norms, and values (Köngeter & Smith, 2015). They are therefore much wider, and are not necessarily composed of family, friends or even people one might know. More importantly, social networks are fluid and continuously evolving (Akanle et al., 2021; Pillay, 2020).

SEEKING RESOURCES AND COMPANIONSHIP FROM THE COMMUNITY

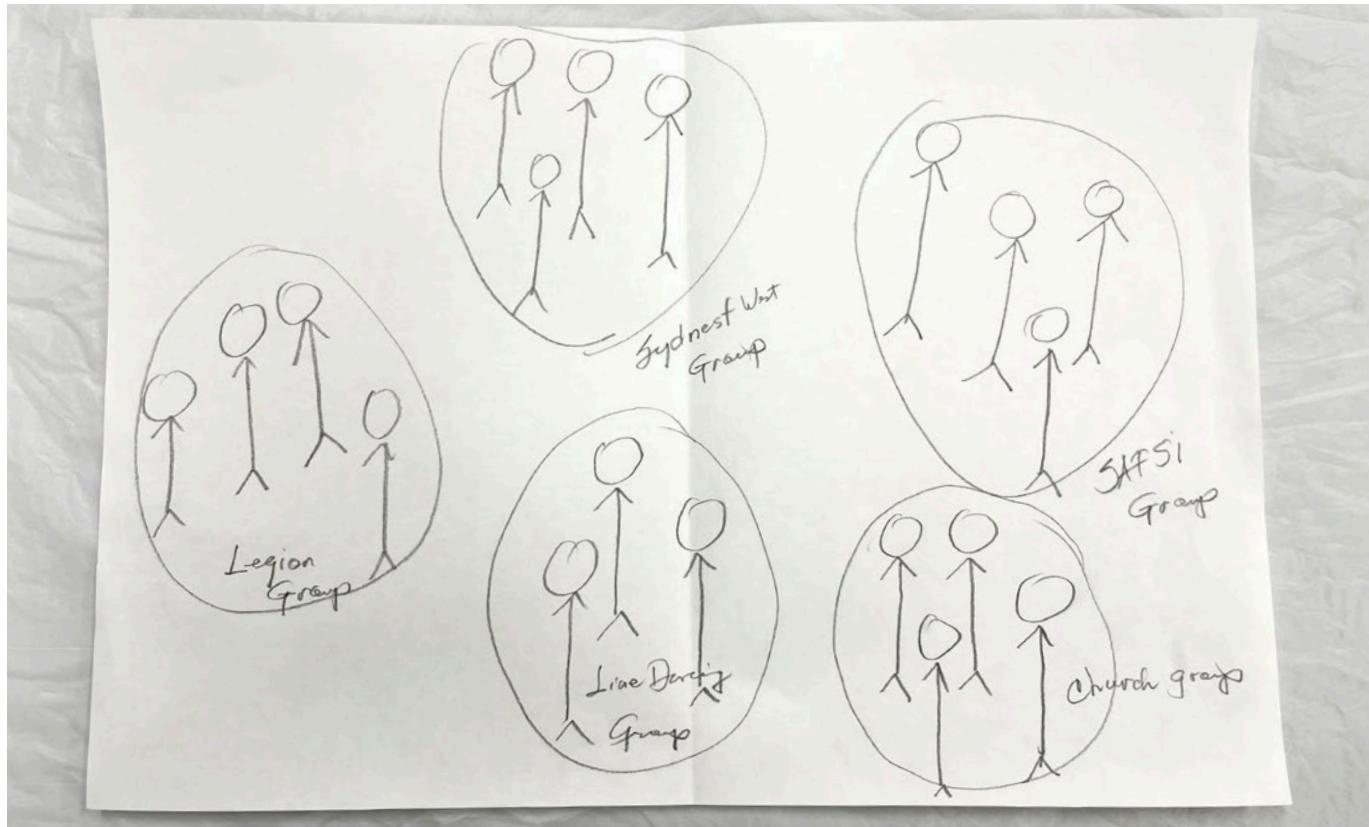
Evidence from all three seniors social groups demonstrates that accessibility to various kinds of communities – including the different spheres of family, friendship, and cultural groups – is essential when ageing, especially when navigating aged care services. The level of access a person has to their community can be linked to the number of opportunities they have to gain information concerning health care services. In this respect, one’s level of social connection affects both the capacity to access and receive services, as well as confidence managing one’s life. The element of exchanging information about aged care services, and the practice of sharing such information within communities, was cited as the key reason to engage with kinship and social networks.

One day when I went for a walk with an 83-year-old male friend, after around 20 steps; he needed to sit down. I told him that it might help if he had a walker. He said it was expensive. I informed him that he was entitled to get one based on what I've read on the brochures found here in SydWest. He was surprised to learn about this. So, I called the aged care team and got him a walker.

(Filipino group participant)

I had nowhere to go after I retired and she said [pointing to another group participant] “Come join us at SydWest because we always have this meeting and we go out”, and then I just realised when I came in here that I can learn a lot about aged care, like there's more help when you retire, when you need help, like support, when you cannot do the cleaning at home, the laundry, and you can find help here. And then there's socialising, and I enjoy the socialising the most... so that's part of the plan, you change your life from working to going into retirement. So, this is the best group. This group is like family to me.

(Filipino group participant)



This drawing by a Filipino group participant depicting the many social groups in which they are involved.

Social groups provide important opportunities for older CALD adults to come together and socialise. These interactions provide participants with a strong sense of belonging.

The seniors group is a home for me. We can gather together when relaxing; people will have chit chats and share information with each other.

(Chinese group participant)

We have a weekly meeting to check up on people in the community and a once-a-month community outing. It is important to talk together. That is what we need; we need to be together.

(Coptic/Arabic group participant)

When you have things in common with other people you can relate to each other; you can discuss problems and concerns and advise one another, like eating nutritious food like avocado, broccoli, kale, that sort of thing. Most of the time we just want to enjoy each other's company.

(Filipino group participant)

I live alone. I'm still mobile and able to do things on my own with some limitations. Probably when I become incapable of doing things for myself, my children will take care of me. But my group of seniors is what keeps me happy most of the time. Aside from our regular second Thursday meetings organised by SydWest and excursions, I would arrange get-togethers with my group at the hall of my housing commission, or the showground [due to the COVID pandemic], where we would sing, dance and share a meal.

(Filipino group participant)

While the SydWest Seniors Groups provided important support, some participants described engaging in a range of different groups that provided diverse opportunities to learn, create and engage:

Every Saturday I play waist drum in Burwood. All the members there are Chinese. We meet once a week to exercise together and sometimes we have performances, which makes me excited. It is an activity combined with socialisation, entertainment and information exchange.

(Chinese group participant)



A Chinese group participant shows her jade bangle.

One observation from workshop facilitators was that women spoke of their commitment and active engagement with the school communities of their children when they were younger, or with work colleagues before they retired. These involvements diminished as they became older, and their social networks tended to shrink back to language/ethnic/religious community, kinship groups and immediate family.

SPIRITUALITY, CREATIVITY, FAMILY AND BELONGING

For participants, the act of meaning-making is essential when navigating and developing an understanding of their existence in their own lifetime. The participants discussed what 'home' means to them and the process of 'creating home'.

You are re-creating where you come from so that you feel like you are still there.

(Filipino group participant)

My husband built my home, so I wouldn't change or move anything.

(Coptic/Arabic group participant)

If the roots are strong, then we will have a good and strong and resilient tree [future]. With stronger roots, every fruit [generation] will come out perfectly.

(Coptic/Arabic group participant)

The spirit of family is created when children are active and loving, and life is full of happiness. The physical materials alone cannot build a home; home is more about people, the existence of family members.

(Chinese group participant)

Importantly they often discussed the keeping and passing down of cultural and family history through either artifacts or practices.

The painting of 'Fu' we use for Chinese new year: the character 'Fu' consists of the elements of praying and land. This character means we respect the gods; it also means land creates wealth. 'Fu' artwork is often affixed to bedroom doors.

(Chinese group participant)

You need to wear it [jade] often, and avoid taking it off. The jade is carrying information and spirits from former generations, it is a heritage of the family history.

(Chinese group participant)



Family connection plays a critical role in well-being for all participants. The picture above from a Chinese group participant illustrates how significant it is to gather together with family.

FAMILY BONDS: AN ANCHOR TO PLACE AND IDENTITY

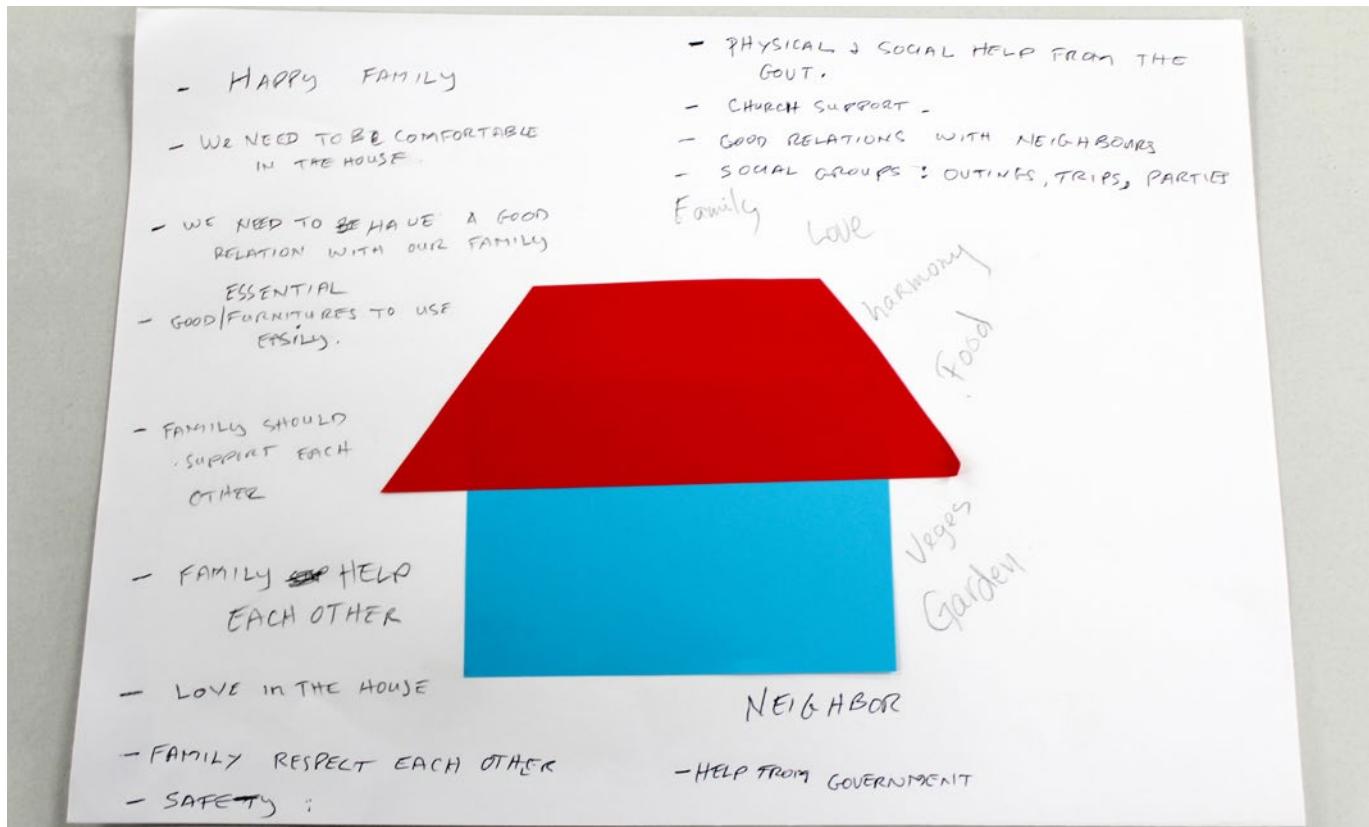
For participants, family connection serves as a significant component in understanding themselves and in informing their important life decisions. Regardless of their cultural backgrounds, preserving and enhancing the connection between their family in Australia and their culture is essential to their sense of well-being, and to maintaining identity coherence.

The main reason for me to stay here [Australia] is because my child likes it here. I brought my daughter when I came, and now I am thinking of going back to Macau, since I am old. When I was in Macau, I had a lot of friends and the government took good care of me. But my daughter liked Australia. I don't feel like commuting between Macau and Australia if I choose to go back to Macau, so I have to stay in Australia. I want to go back to Macau, but I don't know what to do with my daughter. Also, I probably will not adapt to life in Macau after so many years away.

(Chinese group participant)

Before I left Lebanon, my mother gave me a Pyrex [dish] for cooking. Because it's from my mum, and I miss my mum, I kept it, but a few weeks ago I lost it. I know I gave food to someone and I said "You need to be careful with this; my mother had it for around 40 years before she gave it to me and I have kept it now for 30 years, so it's 70 years old that Pyrex". So, I got crazy last week – I just wanted to know where that Pyrex had gone! And then my daughter called me yesterday and said "Mum, I found a special thing for you" – I said "THE PYREX?" straight away, and she said, "Yes, you made food for me, and I put it in the freezer, so it's here". So, I said "Thank God. Empty it and give it back to me, and never give to anybody". It's nice for me just to remember that.

(Coptic/Arabic group participant)



This drawing by a Filipino participant lists the different ways that social connection to family is valued. It also lists points of engagement with the broader community, and government support.

Families also provided important opportunities for meaningful social connection, which for many created a sense of belonging.

I am happy because there is love within the family. Sometimes there are problems, but at the end there is always love and support. Most of the time if there is a birthday party, our children organise for us to get together outside - they book a place for us to eat together, to have good bonding together. So, I think we have a family, the family is happy, and the house, we call it a home.

(Filipino group participant)

ENHANCED CONFIDENCE: THE IMPORTANCE OF SERVICE PROVISION AND FAMILY

Participants stressed the importance of having the capacity to access aged care services and support from family members. Being connected to aged care services, health care services or financial assistance, and having a reciprocal relationship with their family members, mostly their children, enhances their confidence when confronting possible challenges.

The time will come; the time when you can no longer make choices for yourself. I am no longer young, so it is always on my mind, that one day. So you have to be good to your children!

(Filipino group participant)

In general, the participants expressed their desire to know if anyone other than themselves also cares about them.

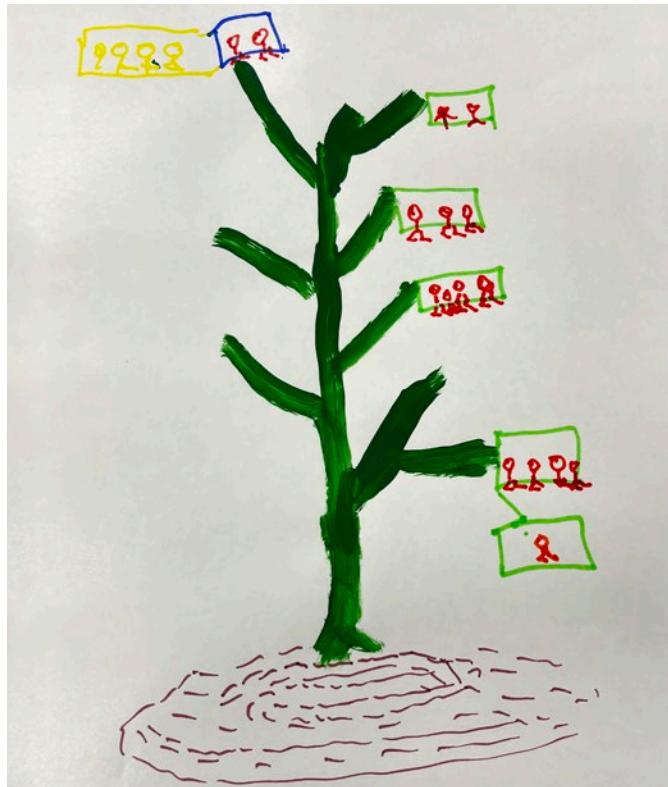
People may not have control over their health conditions. What we care about is whether anyone is concerned about us and takes care of us when encountering difficulties.

(Chinese group participant)

When I turned 62, I started receiving a widow's allowance which gave me relief from having to work. This was later changed to the aged pension when I turned 65, making me entitled to several benefits. This was also the time when I got sick with diabetes.

(Filipino group participant)

Participants feel more settled and at peace when they are confident that someone else, not necessarily within their family, cares for them in ways that make them feel they will not be alone in facing life's challenges. In this respect, access to government services that assist them to age in their own home, within a familiar community and connected to family, is vitally important.



Connection to family provides participants with a sense of security and support. The concept of family is intergenerational and transnational, and not restricted to the idea of the nuclear family. The significance of family emerged often in group workshops.

The artwork above is from a Filipino workshop participant.

CREATING AND PRODUCING: ACTS OF NURTURING AND CARING

Participants' gestures of nurturing and caring were meaningful throughout their lives. Nurturing and caring for humans, or for non-human elements such as garden plants, means that they can still participate in society, contribute to the ones they love, and care for them, gives them joy and a sense of being valued. Furthermore, nurturing and caring is a creative act that generates or continues certain meanings in their lives. It also serves as a method by which culture may be passed down to the next generation.

They [garden plants] are like my babies to me. I put my finger on them, then everything will grow.

(Coptic/Arabic group participant)

Every week my kids come to see me. I cook Filipino food for them because my wife doesn't cook. They only get to taste Filipino food when they come and see me. I taught my younger child how to cook. He does the cooking for his mum and brother.

(Filipino group participant)

I walk into the garden every day after I wake up at 6 am to check out everything I have planted; I help with the pollination procedure of the pumpkins as they are about to bloom. Every day I wander around in my garden as it makes me happy.

(Chinese group participant)

SUB-THEME 2: LOSS, SUFFERING AND PEACE SEEKING

The data demonstrates participants' personal and collective losses at the same time as it enables the deliberate creation of both history, and the possibility of a future. This is achieved through collective mourning – the telling of stories of loss to each other, to their children, and to any outsiders who might listen (Zarowsky, 2004). Because of their various experiences of loss and suffering in the past, these individuals value and are actively looking for a sense of being in a space, either mentally or physically, a space that is safe and supportive. Such a space provides them with the sense of safety, peace, and harmony. While participants may not be conscious of the deeper processes that lie behind the stories they share about their experience of suffering, sometimes there would be a resistance to expressing vulnerable feelings, however the act of telling others of their sufferings seems to serve as a recognition for the suffering they have endured, as well as a refusal to have their experience rendered invisible within society.

Loss and suffering often come with family responsibility or political circumstances that are often outside of the control of the individuals themselves, for example war or cultural revolution. Loss and suffering also appear in various forms. This might include physical loss – for example poor living conditions, a decline in health, loss of opportunities to speak one's mother tongue, the death of family members – or suffering such as emotional pain due to conflicts with certain family members, or a sense of isolation.

I used herbal medicine and acupuncture to help people during the suspension of classes [during the Cultural Revolution] because the farmers in the countryside were so poor that they couldn't get medical treatment. I also treated friends after work.

(Chinese group participant)

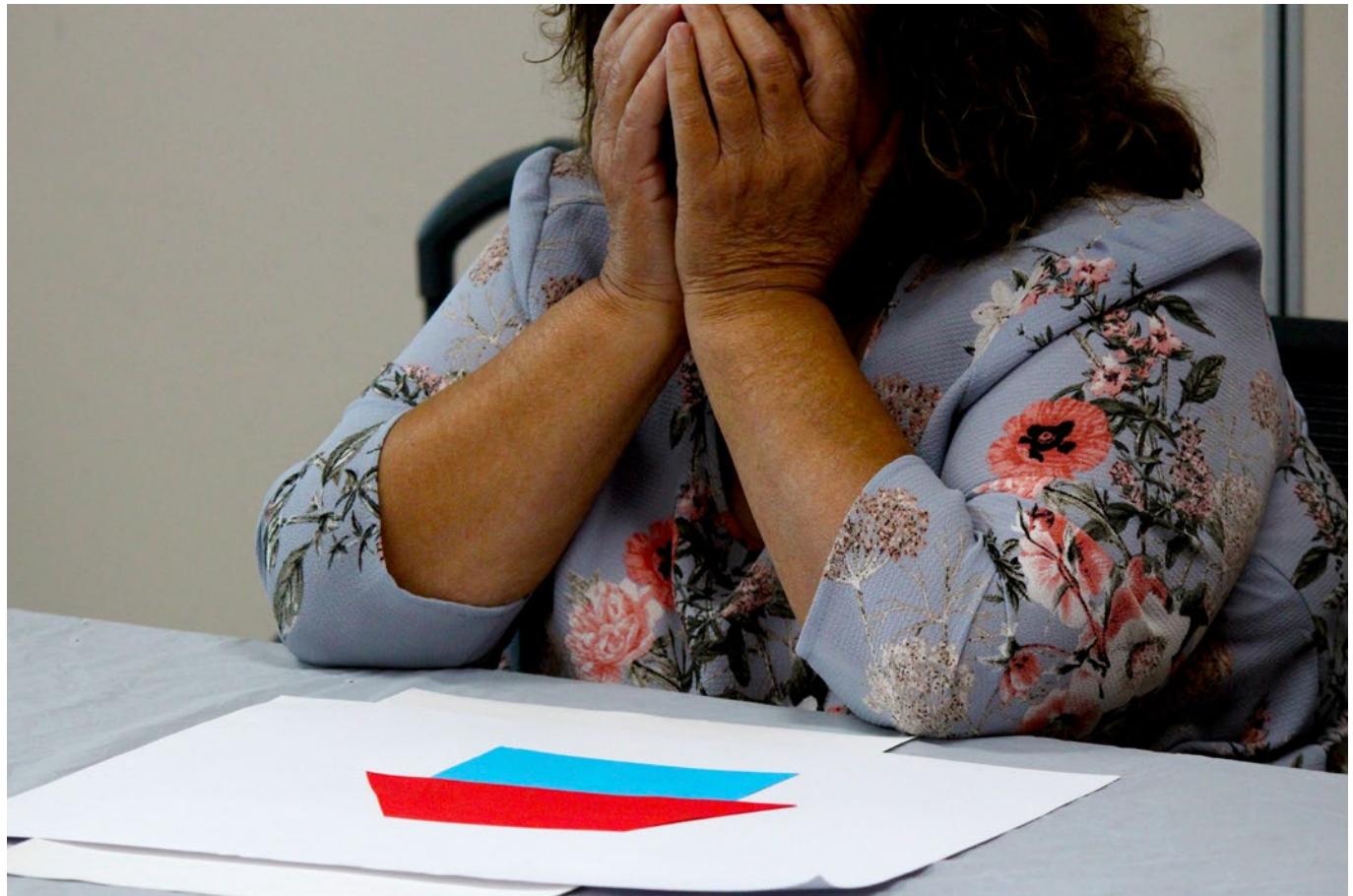
I worked as an accountant at the National Grains Authority in Quezon City Blvd [Manila], but when my mother got sick, I requested a transfer to Cebu. Later, I was offered an opportunity to work in Dumaguete City as Provincial Accountant which I accepted. I would go back to Cebu weekly taking the boat.

(Filipino group participant)

I definitely felt the language barrier when I came to Australia. I used to like talking in China. But I was more closed and less talkative after moving to Australia because I couldn't communicate well.

(Chinese group participant)

Notably, loss is not always understood as something negative that evokes feelings like sorrow or grief. Rather, loss and suffering can also be understood as generating new opportunities or possibilities at different points in one's life.



Some Coptic/Arabic seniors experienced severe trauma before arriving in Australia, and discussions of “home” sometimes triggered traumatic memories for some participants in this group.

THE ACT OF RECOGNISING LOSS AND SUFFERING

Recognising loss and suffering serves the participants as a way of remaining connected to something or someone from their past that is significant to them, regardless of whether the memories or experiences are painful. Important things or people have influenced the formation of participants identities, as well as how they understand their roles and place in this world.

I grew up as an orphan; my mother passed away when I was 6-years old, my father passed away when I was 12-years old. My auntie took us in. I grew up in Egypt until high school. My older sister got married in Sudan, so they asked me to go back to Sudan. Unfortunately, university in Sudan had only evening classes. My brother-in-law is traditional and strict. One day I was in the university sitting with a group of males and females, but he said “no”. I was not allowed to attend [classes] because this culture was not appropriate for us.

(Coptic/Arabic group participant)

Three of my siblings died in separate years. My younger brother drowned in the river when we went swimming. My second brother died of a sickness. My third brother died in a work-related accident.

(Filipino group participant)

When I graduated from high school, Cultural Revolution activity at that time prevented me from further study as classes were all halved because of the revolution. Instead, I was sent to a rural village in Guangzhou province, where the economic conditions were very poor, and where people speak only Hakka. One hour working got me only 20 cents, and I was only surviving to pay for my food. My youth was completely wasted there.

(Chinese group participant)

I really miss studying literature; I would have [studied literature] if the Cultural Revaluation hadn’t disrupted my plans. I always feel that I could have gone to university as I was full of dreams and ambitions. I like literature and I like to go out. But there were too many people to feed in my family. My father had been living a difficult life as he needed to work hard to raise us. Our financial condition only improved a bit after my uncle joined the military.

(Chinese group participant)

One of my frustrations in life was that I had to stop my studies. I was a stepchild and was asked to stop my schooling after completing secondary school so that my other siblings could have their turn. It was hard for me to accept this. I did well in school and had earned a half-year scholarship. I became discouraged and rebellious, which explains why I married early. It was how I escaped my frustration. Little did I realise this would lead to more difficulties in life.

(Filipino group participant)

In 1968, I followed Chairman Mao's instructions for intellectual youth to go to the undeveloped countryside areas to receive re-education. There were no schools at that time. The government officer said my father would lose his job if I refused to follow Mao's instruction. Therefore, although I was suffering from tuberculosis, I had no choice but to go to the countryside because of my family's finances. My dad promised to give me three dollars of allowance every month, but that only lasted for two months.

(Chinese group participant)

We came as refugees. My daughter was here from 2013, and she did our application. We came here because of the war. My son was exposed and injured several times because of nearby bombs. I lost my house, my daughter lost her job, and I could not afford to rent another house.

(Coptic/Arabic group participant)

In recognising their own suffering or losses from the past, participants derive a sense of justification that their sacrifices and hardship have been worthwhile, and that their efforts have not been for nothing.

When I first came here, the schedule was not settled. I was not very happy to be here at first. I was feeling lonely. I could not see my old friends in Shanghai, and my level of English was poor when I first came to Sydney. I wasn't able to buy groceries or to find my way around. I was also the only one who was taking care of my grandson. I could only walk on the roads my daughter told me about as I was afraid of getting lost. Gradually, I came to recognise the names of train stations and roads. I have also made many Chinese friends here now that I did not have at first. At the beginning, it felt like I was locked in a cage.

(Chinese group participant)

LOSS AS A SIGNIFICANT TRANSITIONAL POINT IN LIFE

Loss occurring at a specific point in one's life may result in new possibilities. Even though the new opportunity might not necessarily be easy, and it may not fit with a previous trajectory or life plan, for many participants, unexpected losses or disruptions led them to settle in Australia. Participants were however fairly content with their lives in Australia.

After completing my bachelor's degree, I enrolled at the Ateneo de Manila University for my law degree. In my first year of law proper, I had issues paying the law school fees. I was relying on the educational benefit available to my father as a U.S. war veteran, but there was a delay in receiving this benefit. The law school wanted me to pay my fees using my own money first, and once they received payment from the veteran's office, they would give me a refund. However, my own money was needed for buying books. It was going to be difficult to study law without them. Around that time, there was a demand for computing [skills] overseas, and going abroad was becoming prevalent. This made me decide to quit law and use my money to enroll in programming instead with the aim of going abroad. I had no plans of going to Australia. I had a girlfriend at that time. Furthermore, my brother who lives in the US was going to petition me to join him. My father who was a US veteran was also bound for the US. But my girlfriend and I broke up. This made me want to go overseas. When my girlfriend and I broke up, I wanted to leave the Philippines. I tried applying to the Middle East, Canada and Australia. Fortunately, when I was at the Australian Embassy, they were accepting applications from individuals with computing skills and three years of work experience. I got accepted, which is why I'm here in Australia.

(Filipino group participant)

My husband got diagnosed with cancer and died a year after. My siblings came to see me when I lost my husband. I have a sister who emigrated to Australia when she was still single and who worked for Social Services [Centrelink/ NSW Family and Community Services]. When she visited me when my husband died, she encouraged me to move to Australia. She sponsored me and my children using compassionate grounds as the basis for her petition. I could not afford to buy plane tickets for all my children at that time. My youngest child and I were the first ones to travel to Australia. Eventually, when I found work, I started bringing the rest of my children here to Australia one by one. This took many years for me to achieve. This is why I was never able to buy a house. Every penny I made went into helping my children move here to Australia.

(Filipino group participant)



Chinese group participant's painting of a peace symbol.

My husband first migrated to Australia in 1985. I was separated from him for seven years before coming here. During this long distance period, my husband ended up living with another women in Australia. After divorce, I had to apply for family separation pensions and brought up my daughter alone. Now I will have nothing left if I decide to go back to China, and my child doesn't understand any Chinese, so I can only settle down in Australia.

(Chinese group participant)

I had to leave my country and my parents and extended family. I had to follow my own kids and my own family; it is very hard for me, but it is all for my family. I feel satisfied that I chose to bring my kids here; if I die I know that they will have a good life here in Australia.

(Coptic/Arabic group participant)

SEEKING PEACE AND HARMONY

Finding peace became a focus in participants' lives after they experienced various forms of suffering as younger adults. In general, the participants expressed in different ways that they placed a high value on peace, harmony and stability after they migrated to Australia. Notably understandings of peace included being connected to community, and the confidence that their families could thrive unhindered by poverty, war or conflict.

I have been having special feelings about the peace symbol. I didn't know the meaning of this symbol before, but I have now seen it often. The concept of peace is extremely important for me. I was born during the war between Japan and China, when the society was unsettled. That is why I am always longing for the time of peace and stability. After coming to Australia, seeing this symbol in Australia resonated with me.

(Chinese group participant)

I can say that life now here in Australia can be like our life back in Syria before the war. But here is better in general. The quality of life is better in Australia, but life before the war was good too.

(Coptic/Arabic group participant)

I'm happy with my community and neighbours. The surrounding areas are always clean...everyday they clean; in my building, they clean once a week. My neighbours are very helpful, and I live in front of the police station – that's why it's peaceful and quiet, there's no problem. Every time I go out, I see teenagers having fun – singing, and playing basketball while playing music. It's so lovely.

(Filipino group participant)

For me I want my family to be safe, happy and to do everything the right way. Peace and love are the two most important things in life.

(Coptic/Arabic group participant)

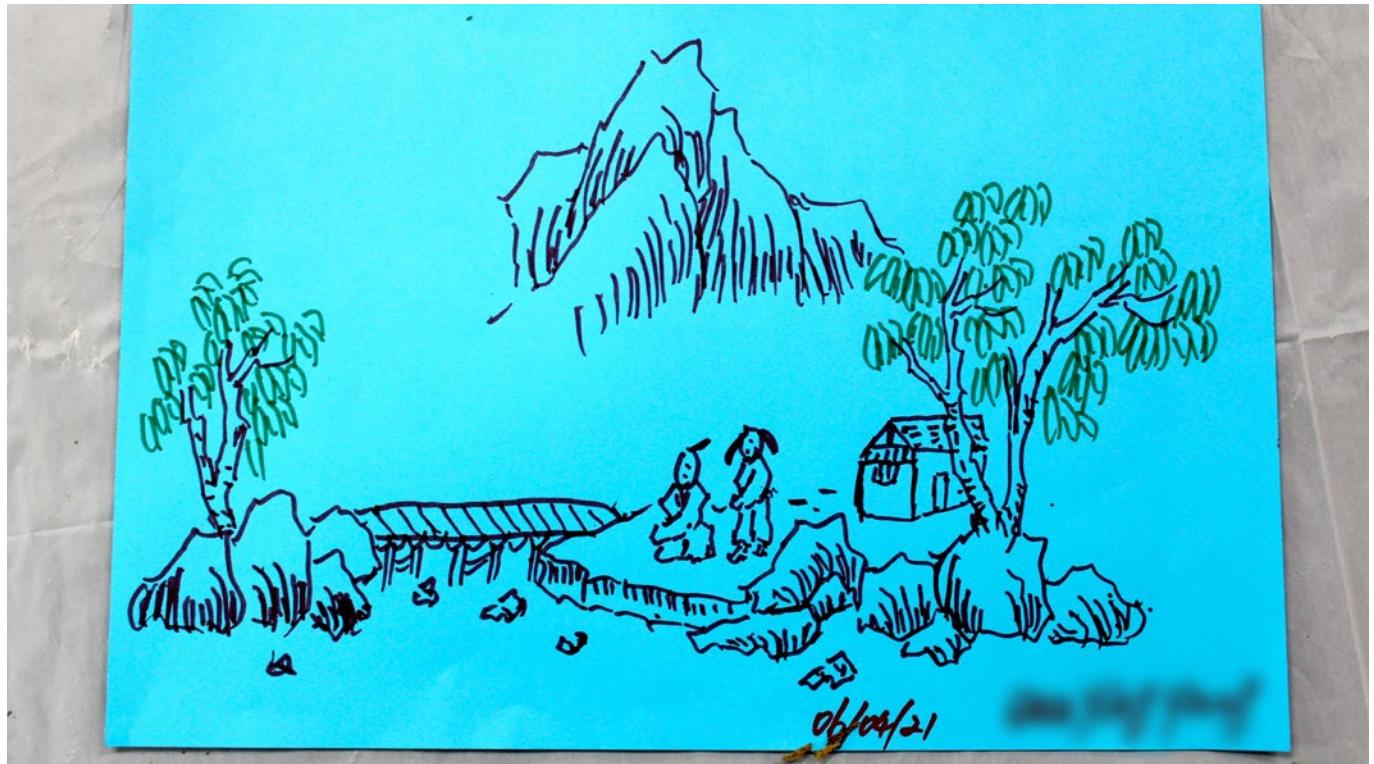
For a number of participants the idea of peace was linked to rest and access to the natural environment:

After raising my family well, finally I want to rest peacefully.

(Filipino group participant)

Happiness to me is having a quiet and peaceful living environment. At our age we need rest and a quiet place.

(Chinese group participant)



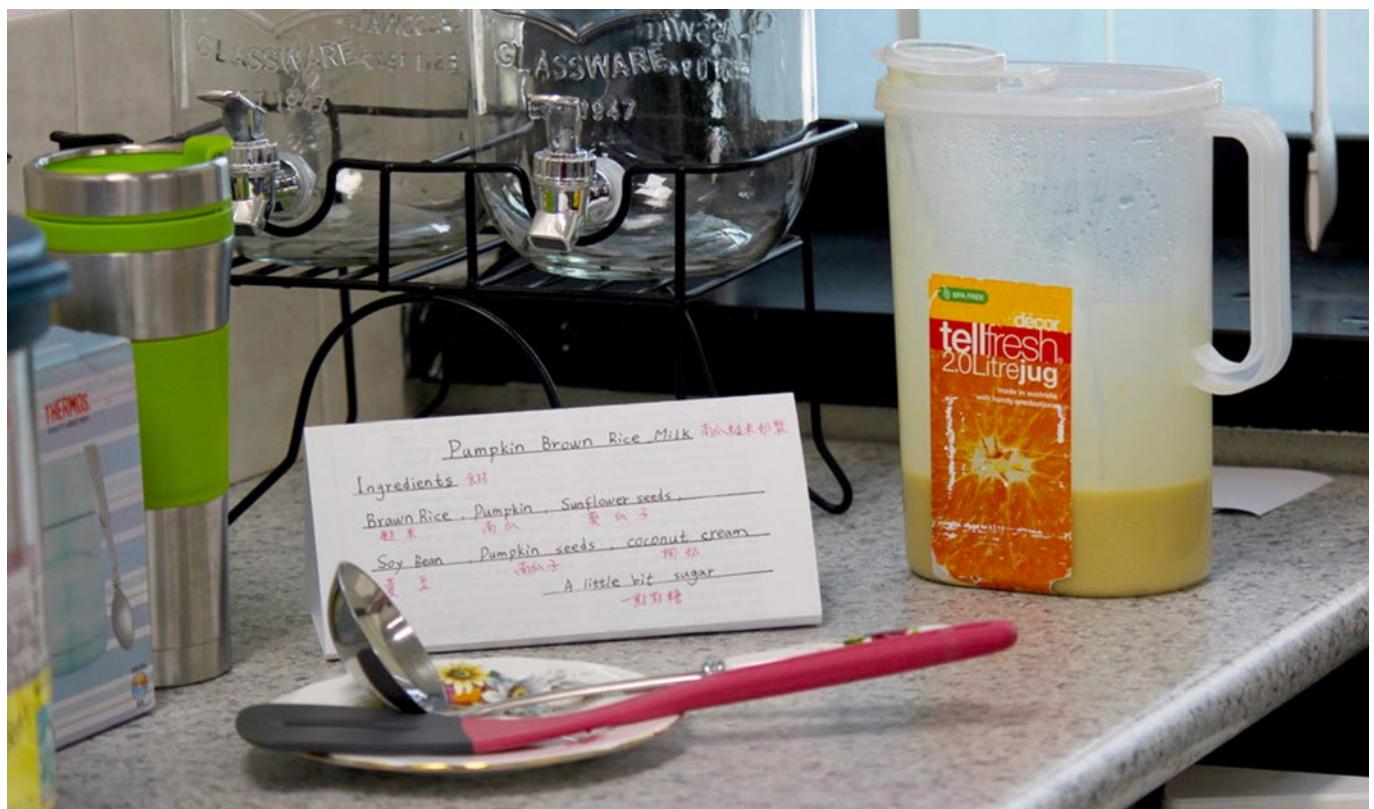
A Chinese group participant's depiction of a peaceful setting from the home country highlights the association of peace with the natural environment shared by participants across all groups. Notably, many participants' artworks conveyed images of shared intimacy [as in this image], or of privacy.



A Chinese group participant's depiction of a peaceful setting shows a bench under a tree in a park. She explained that her husband had passed away and that peace for her was sitting together with him in the setting illustrated in her drawing.



Most participants in the study shared an enthusiasm for gardening. Notably, participants also explained that they grew plants that were not readily available in Australia for use in culturally traditional dishes. The drawing of the garden (top) is by a Chinese group participant and the drawing (bottom) is by a Filipino group participant. Significantly, both drawings depict food gardens and flowers in gardens, which reflects participants' engagement with their gardens as linked to food cultures, and as places to relax and recharge.



Participants in the Chinese social group often brought produce from their garden (top) or healthy home-made food (bottom) to share in the group as a way to stay connected and to enhance a sense of belonging and community. They explained that they used their group meetings as an opportunity to exchange plants and seeds.



The Coptic/Arabic group also viewed social group gatherings as an opportunity to share traditional food and recipes.

SUB-THEME 3: SECURITY AND FOUNDATION

The participants described various attempts at place making, both physically and psychologically, as they resettled and aged in Australia. This suggests the interplay between making connections and building foundations. In other words, the participants have the need to feel that they have owned a physical space, which provides their subjective feeling of home, and that they have settled into social networks that can support their different needs, such as food or religious practices. Since the needs and expectations of every participant differ, as do those of different cultural groups, the process of place-making and what it requires also varies.

ACCESS TO CULTURALLY IMPORTANT FOODS

For those in the Chinese seniors social group, being able to access culturally relevant food and kitchenware was a common theme:

Being able to buy Chinese cooking and seasoning items gives me a sense of security. As I can't walk far when growing old, these facilities have to be nearby.

(Chinese group participant)

The needs of daily life can be found in the Chinese market, which brings me a sense of security. When I am in the Australian market, it takes a lot of time to adapt and pick up things. Still now, I am not used to Australian local foods.

(Chinese group participant)

The Chinese seniors social group regularly exchanged seeds and produce for traditional Chinese cuisine when their group met. Indeed one of their reasons for gathering was to exchange produce that was difficult to find in typical Australian supermarkets.

NEIGHBOURHOOD SAFETY

Neighbourhood safety was a key concern for all groups, but especially so for the Coptic/Arabic seniors social group who emphasised that the safety of the neighbourhood in which they lived was extremely important to them. Their comments suggested that if their environment makes them feel unsafe, their sense of security and foundation is disturbed. Most of the participants in this group had migrated to Australia to escape war and conflict in their country of origin. It seemed to them that migrating to Australia met their need for safety and security, a reason likely related to the refugee background of some participants.

I went to Egypt to study till high school and came back to Sudan to study at university in the evenings – but because my family said it is too dangerous to leave the house at night, I stopped. I am glad I came to Australia.

(Coptic/Arabic group participant)

Australia makes many of my family feel safe; our home countries are often not safe.

(Coptic/Arabic group participant)

The housing neighborhood is not safe; it's not good – windows are broken and it makes me feel very unsafe.

(Coptic/Arabic group participant)

FAITH AND RELIGION

All groups discussed the role of religion and faith in their lives, however the Filipino seniors social group emphasised their religious needs. For this group religion provided them with a sense of safety and was an anchor for their understanding of the world.

Statues of St. Niño [Santo Niño de Cebú] and Mary give me a sense of security and safety.

(Filipino group participant)

We go to church because of our faith; spirituality is an important part of our life.

(Filipino group participant)

AUTONOMY, PRIVACY, INDEPENDENCE AND AGENCY

For the participants in this study privacy was linked to autonomy – the ability to go about one's private affairs without reliance on others who might judge the individual. Access to a reliable car and/or public transport was thus viewed by participants in all groups as integral to their autonomy and personal privacy.

My sense of security comes from the convenience of transportation to the hospital.

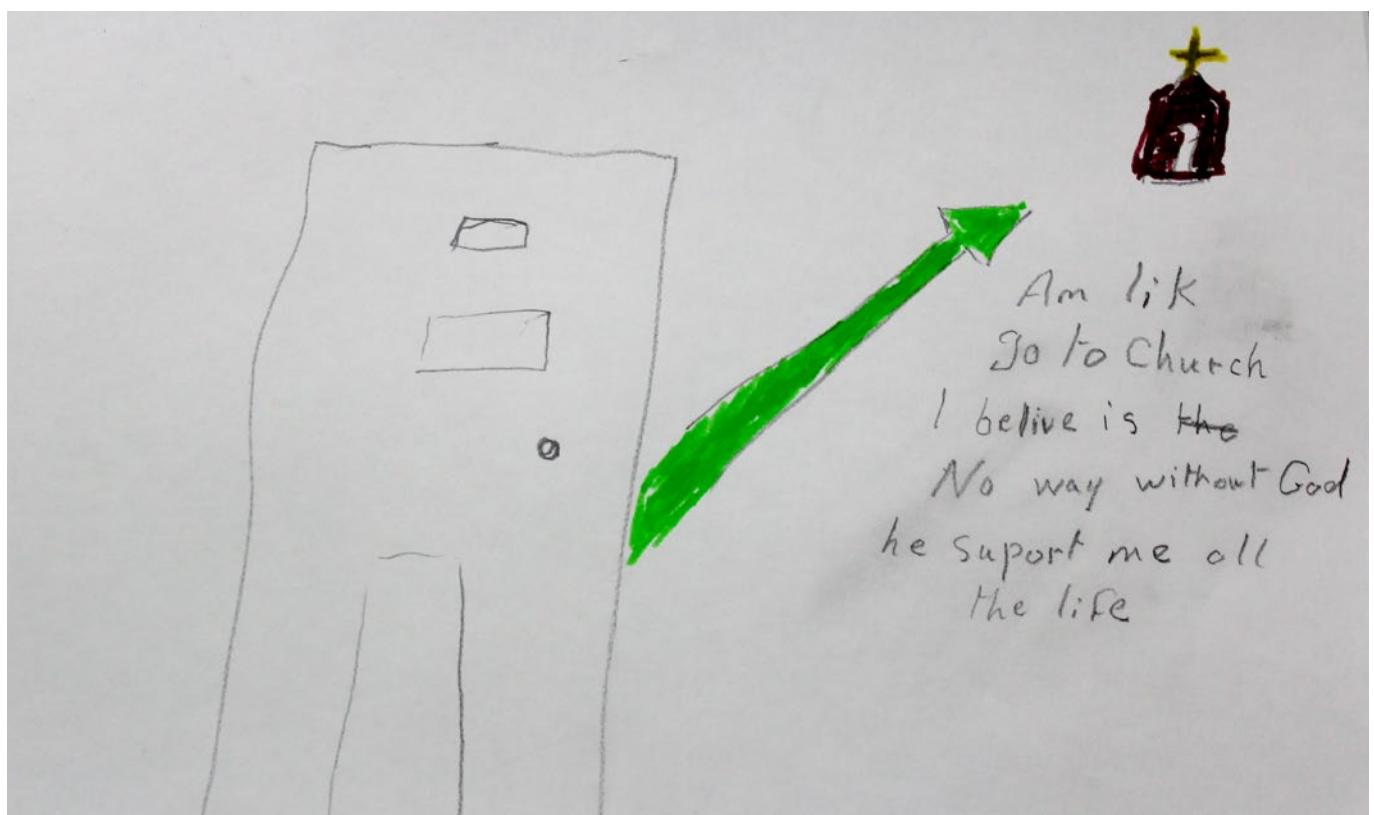
(Chinese group participant)

The hardest thing is that we did not have a car, and my daughter used to spend the evening without TV and internet. After two months we were able to secure all these things and we settled well. A lot of people helped me here [at SydWest].

(Coptic/Arabic group participant)



In response to a discussion on symbols that held personal meaningful, a Filipino group participant displayed her rosary.



Religion plays a critical role in the world view of many of the participants in the study. This image by a Coptic/Arabic group participant depicts the significance of faith and the church to her sense of security throughout her life.

All groups also felt that personal privacy provided them with a sense of security.

Curtains are definitely needed for my windows because I don't want the neighbours looking in.
 (Chinese group participant)

I don't like people peeking at my place through my window, so I decided to have roses. Roses have thorns, so I can keep people from coming up close and peeking through my window. The roses smell nice and they give me my privacy.

(Filipino group participant)

As regards to our community, of course there is always a limitation to their intrusion, to our communication...we cannot always talk to them about our private lives. We can talk to them socially, but there is always a limit, otherwise, it becomes chaotic... there is gossip...then that becomes the start of friction.

(Filipino group participant)

Participants like to have control over their lives. This does not necessarily indicate that reaching a certain age means not having control. Responses emphasised that as they aged it was important to have options or to have the opportunity to make decisions that affect their lives.

I like to live independently and freely; I take my decisions by myself.
 (Coptic/Arabic group participant)

I would like to prepare my will and funeral.
 (Filipino group participant)

I worry that I cannot take care of myself when growing old and hope to have the option of euthanasia.
 (Chinese group participant)

SUB-THEME 4: SITUATIONAL ACCEPTANCE

Participants were generally reconciled with their lives not turning out as they might have wanted due to past events, indicating situational acceptance and a rather pragmatic sense that life 'is as it is'. Such situational acceptance can arise from experiencing the cruelty of reality, religious belief, cultural norms, or certain ethics within specific cultural communities. While situation acceptance can often glue communities together, it can also generate limitations to agency and decision-making among individuals and communities, to varying degrees.

When I was in the countryside, I experienced social injustice; I saw a lot of [people's] dark sides, and I realised the reality of society. I can't believe the things I used to respect and believe, and now I doubt everything. I still have the same ideas even now in Australia – the false gains, and the true losses.

(Chinese group participant)

The Cultural Revolution has made me draw the conclusion that all ideals are nothing but bubbles, and I have been feeling the existence of fate ever since.

(Chinese group participant)

It is written in the bible, when Palestine is tired the whole world will be tired; my father said this. We didn't believe him until now. This 100 per cent happened. This is something they won't understand.

(Coptic/Arabic group participant)

God created women to give.

(Coptic/Arabic group participant)

SUB-THEME 5: AGEING AND HEALTH

Being healthy or having good health while ageing for participants was linked to the capacity to exercise agency, and to be connected to their identities through meaningful social participation. The emotion of being concerned about the potential loss of their health was strongly linked to the fear of the unknown, and to disconnecting from the world that informs their identities.

PRODUCTIVITY: ACTIVE LEARNING, KEEPING PHYSICALLY ACTIVE, AND CONTRIBUTING TO OTHERS

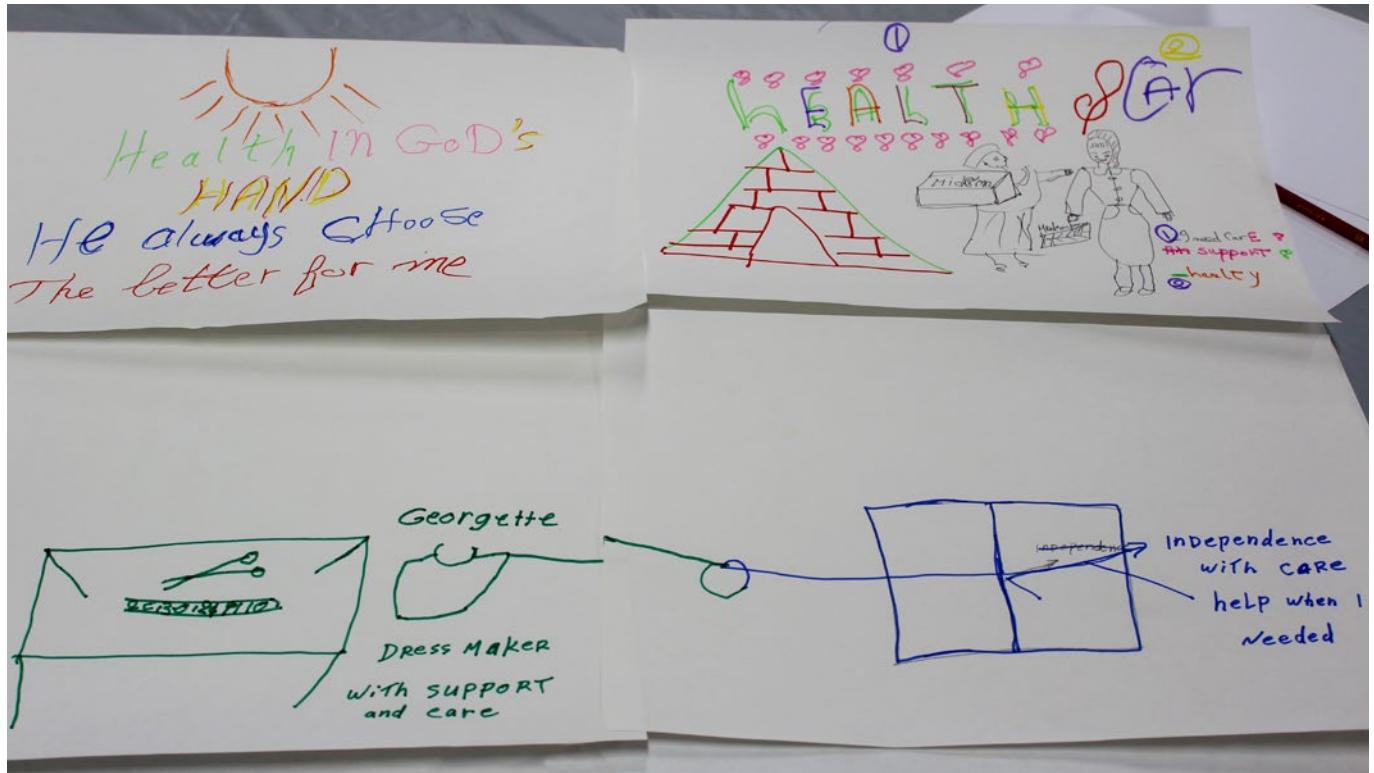
For participants staying active for as long as possible enables them to move and learn new things, so they considered it very important for themselves to be healthy. They also believe strongly that active learning and physically moving would keep them healthy and offer them a sense of productivity and accomplishment. Attitudes to ageing are linked to cultural values (Torres, 1999). The Chinese and Filipino language groups shared similar views about remaining physically and intellectually active as they aged.

I took up Cert I & II in Information Technology at TAFE at the age of 76, which I was able to do for free as a pensioner. As I've shared earlier, one of my frustrations in life was not being able to complete school. I was not embarrassed to tell the class that I was 76, that I did not learn computers and the internet when I was young, and that I wanted to be able to keep up with current technology. I'm happy I'm able to do this even at an old age.

(Filipino group participant)

If I don't have a doctor living with me and I have to maintain my health, I would dance at home, Zumba by myself, and exercise.

(Filipino group participant)



These drawings by Coptic/Arabic participants illustrate a relationship between the ability to socially participate and active learning. The top right image depicts a nurse bringing medicine to a woman at home. The image in the bottom left corner depicts the participant's aspiration to study dressmaking, alongside her recognition of the support that she will need from others to do this.

I learned how good jogging and exercise were for the body.
I still do the same things now, just lighter [exercise].
(Filipino group participant)

To keep us healthy, we need to move! Being human we need to keep moving.
(Chinese group participant)

You ask me why exercise is important. A rolling stone gathers no moss. People cannot always stay at home!
(Chinese group participant)

There was a cultural difference among the Coptic/Arabic-speaking group participants, who in their later lives seem to value these activities less than those in the other groups. After the research team enquired, the participants explained that regardless of whether they individually agreed, their older people are not expected to do very much, and in their culture they contribute less to the society. It should be noted however that despite these cultural expectations, participants of this cohort were socially active within their family networks and community. One of the Coptic/Arabic participants mentioned that volunteering to support her community was important to her, and that she would continue to volunteer for as long as she physically could. With respect to continuing education, another Coptic/Arabic participant shared her plans of attending TAFE to improve her English in order to enrol in a fashion design course, something she had dreamed of since she was a young girl.

All participants place high value on the idea of contributing to their communities and networks, which to them is a signal they are active participants in society and are valued. Significantly, some participants explained that an inability to contribute to their family or community, or to learn, could make them feel alienated and disconnected from the world in which they feel familiar.

My right small finger cannot stretch and I am trying to fix it, meanwhile I cannot do as much work in the garden as I used to.
(Coptic/Arabic group participant)

Now I am getting older I lack the energy and ability to continue learning. Also, I never entered school, and I feel stupid.
(Chinese group participant)

FEAR OF LOSING SOCIAL CONNECTION

Participants were concerned with losing their social connections and related this to their desire to be able to 'age in place' (Morley, 2012). This term 'ageing in place' means that participants can maintain the social connections that are familiar and significant to them as they age, as these connections provide them with a sense of security that they are 'ageing in the right place', and informs their identities. Such vital connections also act as support systems. For participants, losing one's social connections means losing support and could result in a person being alone, isolated and lonely.

What worries me most is that we are getting old day by day. For now I can take care of myself, with the help of my daughter. I have told my husband that we have around ten years to live independently. The Chinese still hope to age at home. I hope the government can consider this. We would rather let our children take care of us than strangers. I hope the government can provide some financial subsidies for our children if they choose to take care of us. Because my daughter's work will be affected because of her being a carer, she may only be able to work part-time. I hope that the government can provide some financial subsidies for this.

(Chinese group participant)

I hope that there is an integrated place for food, clothing, housing and transportation for the Chinese elderly, so that people who live there can participate in activities. In this way, it is easy to communicate in our language.

(Chinese group participant)

I am worried about the future. When I get sick, will there be people taking care of me? Will I be able to do things for myself?

(Coptic/Arabic group participant)

My lack of mobility now and my ill husband means that I am housebound and cannot engage with others as I had before.

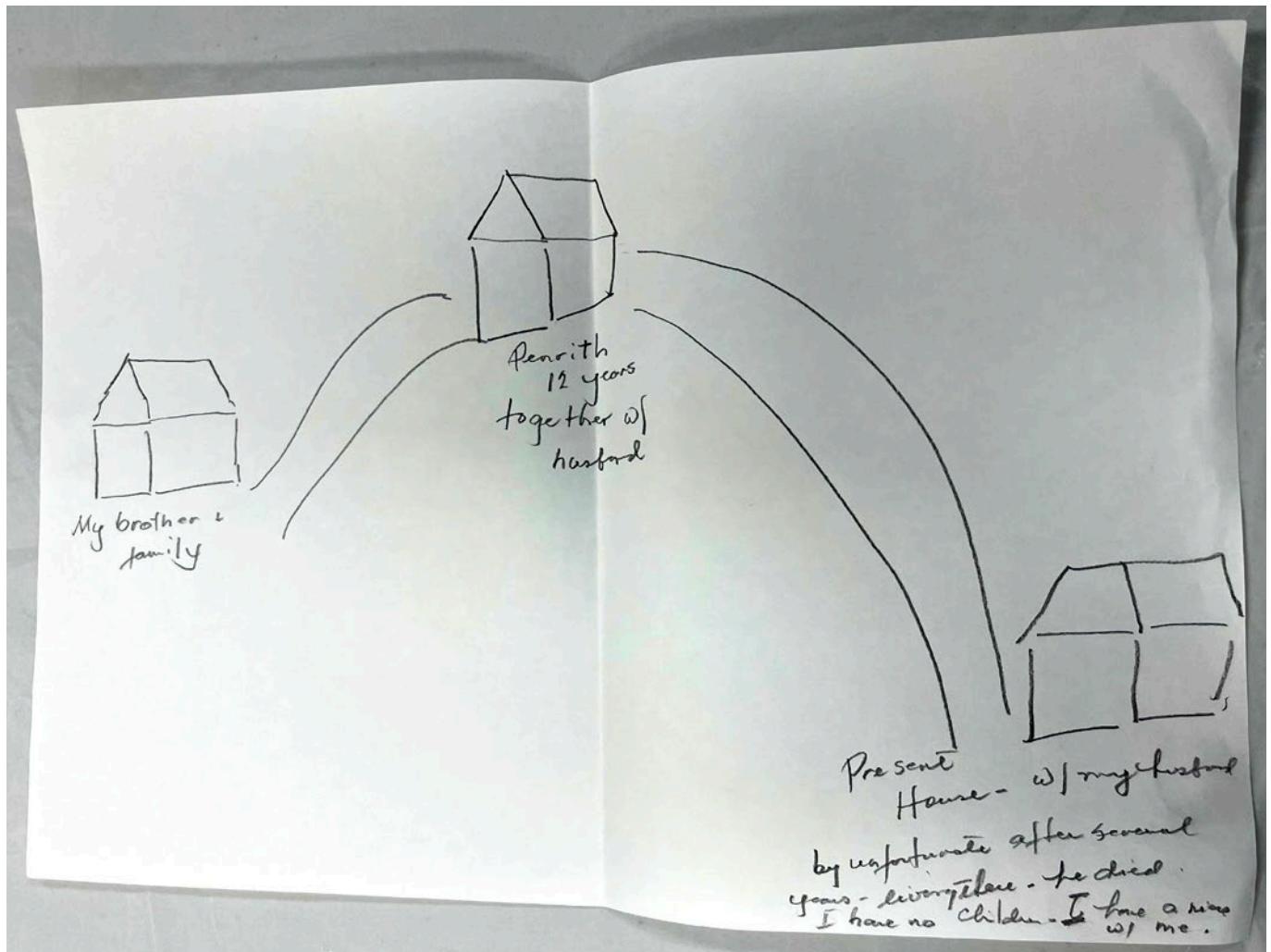
(Coptic/Arabic group participant)

When I cannot communicate, will there be someone to care for me, or will it be a robot?

(Filipino group participant)

My concern soon is if my children will take care of me. And if not, who will take care of me?

(Filipino group participant)



A Filipino group participant's drawing of her life's journey depicts a series of connections and dependencies to family. The text in the bottom right corner of the drawing describes her fears of social disconnection as she ages. It says:

Present:

Home – w/my husband
by unfortunate after several
years – living there – he died.
I have no children. I have a no one
w/me.

THEME 2: THE GENDERED BEING



The data shows that for a person of CALD background gender is an integral component of ageing in Australia. This section, the Gendered Being, demonstrates how women in particular navigate through transnational migration; it explores their sense of belonging, identity, dilemmas and trauma, and what gender-specific roles they each play in sustaining and transmitting cultural traditions (Zhang, 2021). The gender balance in this research was disproportionate – there were only four male participants compared to over 30 female participants. Two men came to the Chinese group and two to the Filipino group, but there were no men in the Coptic/Arabic-speaking group. Due to the numerical dominance of women a number of issues that related specifically to women and to womanhood were presented and explored during the workshops. Besides this, the different experiences of older CALD adults were also discussed, and how these experiences are shaped by gender expectations.

Two themes emerge from this section: Womanhood; and Gendered Roles. Womanhood demonstrates the wide range of struggles and challenges that older CALD women experienced, both before and after coming to Australia, and how they navigate through different gendered expectations as they age. Furthermore, womanhood was linked to values and identities with which older CALD women associate themselves, and how they have carried these values along their transnational journey and through ageing. In terms of gendered roles, the participants' responses in the sections below show the various gendered norms that shape participants' identities and values, as well as their associated hopes and aspirations.

SUB-THEME 1: WOMANHOOD

The experiences of older CALD women who participated in this project was that they had endured numerous sacrifices throughout their lifetime, and that they desired to be heard and recognised for them. Many sacrifices came from being married young, or from the responsibility of caring for their family members. This experience is especially highlighted in the Arabic-speaking group.

A woman does everything. She looks after her children and grandchildren, she continues giving unconditionally; she never stops, she is always giving.

(Coptic/Arabic group participant)

Woman can do both [roles], she works in her house and outside. And a women can replace a man's role; without her there's no balance in life.

(Coptic/Arabic group participant)

I was helping my mother take care of my siblings; that is why I did not continue school. In Syria, English classes start at year 7; that is why I did not learn English.

(Coptic/Arabic group participant)

I was very young when I got married [at 17], and I conceived one child after another [seven children]. It was tough for me and my family early on in life.

(Filipino group participant)

The princess in the song [a song the participant shared in the workshop] was forced to be far away from home. She sacrificed [herself] for her country; she couldn't meet her family and had feelings of missing home.

(Chinese group participant)

The data above also showed womanhood is understood as an outward flow of responsibility for others. The caring energy and the behaviours presented might be related to how women, both individually and collectively, in their own culture, perceive how an ideal woman should behave.

She is empathetic, she always sacrifices, and she is patient.
(Coptic/Arabic group participant)

The wives will teach them [the children]; the wife does the mother job.
(Coptic/Arabic group participant)

Interestingly, the hardship coming from these sacrifices also provided the women with both status and a sense of pride in their nurturing role as professional housewives, and as caring figures in their communities.

Life was beautiful because I raised my siblings with my mother, and I learnt how to raise children from that experience. I got married when I was 22 and I had four children – two boys, two girls – then I stopped at the age of 27. I learnt cooking from my mother as well. I was a professional housewife at a very early stage of marriage.
(Coptic/Arabic group participant)

**All my siblings ask for my advice on how to do things.
I took care of my nieces and nephews too.**
(Coptic/Arabic group participant)

However, as noted earlier, the vulnerability of being a woman was expressed by female participants who, as the primary nurturers within their families, were concerned about who could and would care for them as they aged. Other participants commented on the lack of representation of women in decision making:

Women are part of the community so they should be able to speak, but we don't often see them.
(Filipino group participant)

It is worth noting that of the three groups, the Coptic/Arabic-speaking group disclosed the most about their experiences of, and views on womanhood. For this group an ideal woman is able to care and give and is willing to sacrifice for her family, even though such gendered norms may generate oppression and may be personally challenging.

SUB-THEME 2: GENDERED ROLES

Gendered Roles pays attention to the dynamics between male and female experiences of settlement and ageing in Australia. During the workshops discussion often turned to the issue of equality and the gendered (cultural) norms that inform the practices that cause inequality.

My daughter works the same as her husband, but she still does more than her husband. He comes back from work and goes to sleep, but she continues working at home.

(Coptic/Arabic group participant)

In my case, I used to do everything. Now my children tell me it's my fault because I do everything. And now I realized they are right, because a man can be greedy and he will keep asking for more and more.

(Coptic/Arabic group participant)

Men have a job too; a man does the best for his family. He works outside, the women work inside.

(Coptic/Arabic group participant)

One Arabic-speaking participant illustrated her experience of being judged and perceived by her community.

As a single mother I can live independently and freely, within limits of course, but I will always be judged....

People always tell me that they are going to find me a man. I laugh and tell them "Yes, I want a man in my life to take me out and share life with me, but no physical interaction" [laughs jokingly]. In our culture it's forbidden to be in a relationship after divorce, but it is not right.

(Coptic/Arabic group participant)

Interestingly, rather than gender relations being viewed as a cause of suffering or a challenge, the Chinese-speaking group linked it to their hopes and aspirations.

I used to like this song [a song the participant shared in the workshop] when I was young, around 20 years old. I was independent at that time and was preparing for building a family and a career outside the home.

(Chinese group participant)

A young man and a young woman are having a relationship, and they are yearning for love at the age of 18; they wish to find an ideal partner.

(Chinese group participant)

THEME 3: INTEGRATION



The final theme reveals the multiple barriers, both materially and symbolically, that occur during the participants' transnational journey toward settling in Australia and of ageing as older migrants. The participants' experiences begin with expressing their challenges when caring for their family and re-making a home within a new environment. In this aspect they confronted the type of negotiation required when settling into a society that is distinctively culturally different from their own. They sought to settle and look for ways of integration, all the while maintaining their ethnic identity and culture.

Two themes emerged from the data: (1) Barriers to Meaningful Social Participation; and (2) Accessibility of Services. Barriers to Meaningful Social Participation discusses the overall challenges that the participants experience when they needed to access support as they age. Accessibility of Services focuses on older adult CALD adult experiences when using the 'My Aged Care' website, and the obstacles they encountered. Both themes highlight the critical role of culture in designing the system that aims to assist migrants.

SUB-THEME 1: BARRIERS TO MEANINGFUL SOCIAL PARTICIPATION

For participants, both external and internal factors may block the point of accessing support for, or the specific needs of, older CALD adults. Such factors may manifest in different ways, however all relate to culture. Participants felt Australian aged care policy and aged care system have been built in a way that does not recognise the significance of culture, nor of cultural differences.

CULTURAL BARRIERS

The participants expressed three main concerns: (a) culturally different ways of gathering, and how activities designed and scheduled in Australia did not fit into their daily routines; (b) different cultural perspectives of ageing and older people; and (c) the challenges of understanding and using another language to acquire critical information to solve problems or to participate in society.

Spontaneous activity and gathering opportunities are much fewer in Australia, whereas in Taiwan or China, there are often opportunities of being in touch with people whenever you go out.

(Chinese group participant)

Although there are many activities in SydWest, it feels like they are not meeting Chinese people's needs. The time schedule of these activities is not fitting in with Chinese people's life schedule; 4 PM is the time we start preparing dinner!

(Chinese group participant)

When I am with this group, we all speak in Tagalog. Sometimes, even though we know English, we struggle speaking it, or we're not comfortable conversing. When I'm with them I can share Tagalog jokes.

(Filipino group participant)

I feel bad about that because in my country when you get older you're always treated with respect, but here in Australia, they treat you the same whatever your age.

(Filipino group participant)

I hope the community can employ a Chinese-speaking leader/organiser so the difficulties in communication will be minimised. We are feeling disempowered when we cannot understand English.

(Chinese group participant)

The workers who conduct the [aged care] assessment do not have a rich knowledge of the content of assessment. The quality of the assessors is uneven, and sometimes their lack of specific knowledge causes unnecessary trouble. I am not too sure if the assessors have any knowledge of Chinese culture and Chinese-related services and organisations.

(Chinese group participant)

GENERATIONAL BARRIERS

The Chinese and Filipino groups mentioned generational difference more often than the Coptic/Arabic group. The participants expressed their frustration at being disconnected from the younger generation, both their children and their grandchildren. The issues raised were generally about different styles of managing a household, and resistance from the younger generation when older relatives wanted to pass on certain cultural teachings, practices and food habits, or their mother tongue.

The food we eat is different – we prefer Chinese food while the younger generation prefers Western food. The older people tend to have their meals early, while the children have their meals later. As for habits of shopping, the young generation is wasteful – they keep chasing the latest trends and buying new things. My children proposed buying a treadmill [exercise machine] as they were concerned about us when we go outside.

(Chinese group participant)

I am less close with my grandchild because they only speak English. They can understand Shanghaiese, but they cannot really speak it.

(Chinese group participant)

My children and grandchildren just don't want to learn my home language.

(Filipino group participant)

ACCESSIBLE TRANSPORTATION

Participants from all groups saw easy-access to public transport as a critical element in maintaining their social participation and accessing the care they may need when ageing. Most of the older participants either do not drive or cannot walk long distances due to limited physical mobility. Those who arrived in Australia before their retirement relied on public transport to manage daily requirements, such as buying food or looking for a house in which to settle.



Images of public transport were common in participant's representations of what living well meant to them. In this drawing by a Coptic/Arabic group participant, a bus is drawn close to home. Many participants depicted and discussed the importance of having access to a reliable and safe public transport system in the context of their well-being.

Transport is the main issue for me. I come from Seven Hills and there's no convenient public transport, and I can't walk.
 (Coptic/Arabic group participant)

I try to go to the nursing home every day to take care of my husband, but the transportation assistance between home and the nursing home of the loved one is either too far or too challenging.
 (Coptic/Arabic group participant)

It was hard starting anew. We did not have stuff for the house. Asian groceries were only found in Chinatown then. We had to go there to buy rice and carry it back to the house because we did not have a car.
 (Filipino group participant)

My biggest challenge when we got here was mobility. My kids were 6 and 7 years old and I did not have a car at that time. When one got sick, I struggled taking them to the GP. I was hell-bent on getting a car even if it meant borrowing money. I also had to learn how to drive.
 (Filipino group participant)

Most of my friends in Australia are Chinese people, but we all live far away from each other, so it is hard to come together and connect.
 (Chinese group participant)

Transportation is absolutely essential as I cannot drive, so I cannot go anywhere without public transport. When I was in China I couldn't afford a car because of the poor financial conditions, so I still don't know how to drive. In China I used to ride a bicycle.
 (Chinese group participant)

SUB-THEME 2: ACCESSIBILITY OF THE MY AGED CARE PORTAL, AND AGED CARE SERVICES

When designing the workshops this theme emerged unexpectedly and spontaneously in the Chinese-speaking group while facilitating the fourth workshop. The Chinese-speaking group discussed the accessibility of *My Aged Care* and how their experience impacted their sense of well-being.

TREATING AGEING AS ILLNESS

The government only categorises us into different levels of disability. The more disabled you are, the more money you can get. Therefore, the process of applying for support makes me feel like I have to be 'useless', otherwise I will get nothing. I don't agree with this approach. We are human beings and we have other needs rather than just physical or intellectual disabilities. We want to feel connected and participate in the community.

(Chinese group participant)

There are a number of conditions for participating in activities and an assessment procedure is required. Besides, those who are in a good health condition are often excluded from participating because they are seen as not needed.

(Chinese group participant)

I hope the government can organise more culturally appropriate activities for senior citizens. As there are a lot of criteria that are required in assessing eligibility, not all Chinese citizens can participate.

(Chinese group participant)

They identified that the process of being assessed by *My Aged Care* was disempowering as the government's system views ageing as pathological. In the experience of Chinese participants, this reductionist approach in conducting assessments was organised, systemic and intentional. Older Chinese also reported that *My Aged Care* was largely and disproportionately focused on their physical needs, however it failed to acknowledge their social and cultural needs as human beings.

I hope the services are not only limited to the home care package because we only need home care and nothing else. We also need other support which can enhance our connection to the community and social participation.

(Chinese group participant)

A lack of interagency collaboration and coherence was also identified.

The staff seemed to have different understandings of policies. It depends on luck when you are dealing with government officers, and extra help is therefore essential.

(Chinese group participant)

ENGAGING WITH SERVICE PROVIDERS

A significant barrier occurs when participants need certain information to help them make critical decisions in relation to aged care support. Language was an issue in as much as even when translators were available, the participants in the Coptic/Arabic and Chinese groups reported difficulty communicating. Both groups recounted instances of long wait times for interpreters. They also described variability in the ability of interpreters to communicate information about aged care services. Mandarin and Arabic language speakers reported experiencing difficulty understanding the dialect spoken by the interpreter.

I need an translator from Egypt. Other accents are different and difficult to understand...

(Coptic/Arabic group participant)

Arabic speakers reported that certain dialects held emotional significance for them and could trigger past trauma. They explained that while Modern Standard Arabic (or Formal Arabic) is the universal language of Arabic speakers and is understood by all Arabic speakers,³ when their translator's dialect was that of a country that is/was in conflict with their country of origin, they experienced feelings of stress and anxiety. The research team also observed that the high levels of anxiety that some participants experienced in these situations led them to shut-down, and prevented them from understanding what was being said or engaging in the workshops.

Participants also related examples of interpreters sharing confidential information with others in their community, which caused them considerable stress.

Because I used Centrelink to have support for translation, I have experienced the interpreters there breaching confidentiality and speaking about my business in the community. I felt very distressed.

(Coptic/Arabic group participant)

Workshop facilitators observed that aged care services literacy was less of an issue for the Filipino group, although several members said that they experienced difficulty navigating the aged care system.

Participants felt that in addition to language barriers, there were problems both with awareness of existing aged care services, as well as with the design of support systems for available services.

When Chinese people encounter difficulties in Australia, we often get confused by where to seek help, by which organisation to seek help from.

(Chinese group participant)

We don't know the rules that are played by in Australia; we don't even know what the rules are.

(Chinese group participant)

Even if you are born here and speak English, when you get older, you still need help to understand the forms.

(Coptic/Arabic group participant)

Waiting times and long lines presented another barrier to accessing government services for older people with limited mobility.

I get tired waiting in line for services. They make us wait too long. I can't stand in line for that long [due to mobility issues].

(Coptic/Arabic group participant)

³ The Arabic language is the official language of 26 countries and with around 400 million speakers it is the fifth most widely spoken language in the world. It is one of the world's oldest languages and as the language of the Koran, it is the liturgical language of Islam and is spoken by many Muslims outside of countries in which it is the official language. Linguistic polycentrism is a prominent trait of the Arabic language and the broad geographical area over which Arabic is spoken means that different groups and countries of Arabic speakers have, over time, been in conflict with each other.

DISCUSSION

The research aimed to understand the experiences of ageing in Australia among three CALD seniors community groups. The research was guided by participants' impressions of the specific aged care and service provision needs of older CALD adults in Greater Western Sydney. The overriding concern was whether culturally appropriate aged care could influence and/or improve meaningful social participation.

The main themes that emerged, and their sub themes, are evidence of the enormous diversity of lived experience in Greater Western Sydney among CALD communities. Some of the stories touched the researchers deeply, and one could not help but empathise with the extremely difficult situations through which many of the participants have lived – war, political upheaval, family tragedy – and how these events have determined their future life choices. For other participants, seemingly inconsequential incidents or choices have ended up determining their lives, and their decisions to migrate to Australia.

Key findings are that CALD participants commonly experienced a sense of connection and disconnection on settling in Australia, whatever their migration story. Diaspora communities retain contact with extended family, and often with their country of origin, but they also build new communities in Australia as they build their lives upon resettlement. In GWS, diaspora communities have contributed to its extraordinary multicultural and multiracial vibrancy. For the aged care sector however, there are clear messages from this study that greater effort needs to be made to develop strategies that will assist older CALD adults to 'age well in place'.

The gendered aspects of migration were also prominent. The study had a larger number of women than men in the participant sample, which indicates that in these three groups at least, older CALD women are comfortable socialising through the SydWest facilitated community groups. More research is required on how CALD older men are experiencing ageing. Despite the numerical dominance of women, responses indicate there are obviously well defined gender roles for older CALD women and men during and after migration to Australia. This gendered experience is a constant in the lives of participants, including throughout life as people age. Gender roles are also an important feature in the continuance of cultural values and identity.

The participants in this study were all 'ageing in place', that is, they are all living safely and independently in their own homes, or are living with family and/or community as they age. All groups spoke of the importance of having public transport services to maintain a sense of independence as they aged.

Finally, there was strong evidence that older CALD adults found staying integrated in Australia a challenge when they were ageing, even if they had migrated a number of years previously. Those who had been active in schools or workplaces found their social networks to be less extensive as they grew older, and they were increasingly reliant on cultural/linguistic/religious community, and on kinship networks. A common theme in integration was accessibility – the participants found the Commonwealth Government's *My Aged Care* website difficult to navigate and use.

Participants in this study found Australia's aged care system reflected culturally alien assumptions about ageing, did not adequately cater to the cultural and linguistic needs of Australia's diverse population, and that its fragmentation made it confusing to navigate and to access information.

Despite the large range of publicly funded or part-funded services available, the complexity of aged care management in Australia, and in GWS specifically, does create problems for older CALD people. The aged care sector involves a mix of actors: for-profit providers, not-for profit providers, volunteer organisations, charities, and some government delivered services (public hospitals, bulk billing general practitioners). Participants found this fragmentation difficult to navigate and highly confusing.

Short of the NSW or the Commonwealth government assuming control over all aspects of aged care service delivery, which is highly unlikely, it would appear that to better meet the needs of a growing and ageing CALD population more holistic models of aged care service delivery might be required. Specifically, it may be useful to consider a type of support for older CALD populations that sees them as individuals, and which does not pathologise ageing. Such a model needs to be supported by a culturally and linguistically competent aged care service providers.

In aiming to reach this goal, GWS can make use of its extraordinary ethnic diversity to encourage language proficiency and cultural competence in the aged care sector.

A COMMENT ON METHOD

The stories, experiences and recollections of older CALD adults in GWS presented in this report occurred during creative expression workshops that encouraged them to express their feelings concerning migration, settlement, family, culture, belonging and aged care services through a variety of media, including drawing, song, painting and collaging. While it may have been possible to obtain the data through the more traditional focus group method, the extended and repeated workshops provided an opportunity to establish rapport, and more importantly trust, between the community group and the workshop facilitator. The relaxed atmosphere and the practical activity allowed for easy discussion.

Within the creative expression workshops there were occasions when people disagreed, however they felt comfortable enough to speak their minds and to give opinions and examples. The different perspectives add to our understanding of how older CALD adults experience ageing.

Our conclusion is that creative expression workshops have merit, and could be used more widely across the country with older CALD populations, but also perhaps in a variety of contexts where the focus is on enhancing cultural well-being. One caveat however is that not all of the workshop activities were culturally appropriate for each group. In future, workshop activities should be co-designed with each cohort to encourage a higher degree of involvement in the activities to be preformed to ensure all participants are fully engaged.

RECOMMENDATIONS

RECOMMENDATION 1

FOR THE CALD AGED CARE SECTOR A CULTURAL WELL-BEING FRAMEWORK SHOULD INFORM THE EXISTING PERSON-CENTRED CARE APPROACH

For CALD aged care it is critical that person-centred care involve cultural awareness. To encourage greater social engagement among older CALD communities, aged care approaches should be informed by a cultural well-being framework that values the unique history, experiences, values and culture of the individual. A cultural well-being approach requires that relationships between care providers and recipients are built on mutual trust and respect, an acceptance of the individual's right to self-determination, a shared understanding of needs, preferences, decisions and aspirations, and a shared collective knowledge of available choices (Nolan et al. 2004). A cultural well-being approach should commence from the individual's first contact with the aged care system, and should continue through each and every interaction.

The settlement experiences of migrants differs, but all are ongoing and dynamic. To encourage greater social engagement, interactions and feelings of belonging, ageing among older CALD populations should be informed by a cultural well-being framework to enable the tailored delivery of culturally appropriate care to older CALD people in GWS. Such an approach would empower individuals to have choices concerning their ageing experience (Kitwood 1997; Nolan et al. 2004), and involves qualities of compassion, concern, kindness and respect.

RECOMMENDATION 2

INVEST IN BILINGUAL AGED CARE TRAINING

To develop the much needed capacity to manage the needs of an increasing number and diversity of older CALD adults in GWS, we recommend the implementation of government funded scholarships for bilingual people, especially young people, to train in aged care – Certificate III in Individual Support (Ageing Home and Community); Certificate IV in Aged Care; Certificate IV in Disability – through the Vocational Education and Training System (VET) and Technical and Further Education (TAFE) systems.

RECOMMENDATION 3

EXPLORE EXPANDING EDUCATION OPPORTUNITIES IN AGED CARE

To upskill a new generation of aged care workers for the aging CALD adults of GWS, Western Sydney University should explore augmenting its existing postgraduate offerings and develop the capacity to train undergraduate students in aged care through a Bachelor's Degree in Aged Care.

Western Sydney University is the principal education provider at the tertiary level in GWS and a leader in responding to the educational needs of the community. We recommend Western Sydney University consider a collaboration between the School of Social Sciences, the School of Nursing and Midwifery, and work with sectoral partners in aged care to co-design an undergraduate degree to support the aged care needs of GWS.

RECOMMENDATION 4

GOVERNMENT BLOCK FUNDING TO APPROVED PROVIDERS TO SUPPORT SOCIAL ACTIVITIES

To ensure aged care providers continue to support the coordination of social activities for CALD communities, and that they promote diverse opportunities for regular meaningful social participation and interaction for older CALD adults, we recommend ongoing government block funding to aged care providers. This measure will ensure the planning and delivery of coordinated social activities that can protect against social isolation and enhance feelings of well-being and belonging to the GWS community.

Sydney West already provides locations for community groups to gather and interact, and this study has shown the importance of continued and regular interaction for feelings of connectedness and belonging. Regular and free activities and cultural events for older CALD adults encourage social participation and can provide a useful strategy to protect against social isolation. Such events – which may include for example, tai chi, yoga, cooking classes, art, singing, dance – are opportunities to bring people together, and may facilitate an expansion of older people's social networks within the wider GWS population.

RECOMMENDATION 5

MAINTAIN OR ENHANCE EXISTING PUBLIC TRANSPORT SERVICES

To ensure the capacity for most older adults to continue to live independently, public transport services should be maintained at existing levels, and enhanced in the future to facilitate social interaction for Australia's ageing population.

Older CALD people in GWS rely extensively on public transport to move around, to access services, and to attend events that keep them socially connected. Public transport services must be maintained as they guarantee independence for older CALD adults, the majority of whom are, and wish to remain, independent, and to live in their own homes. Governments should also consider augmenting existing public transport services in response to ageing and population growth.

RECOMMENDATION 6

UPSKILL LANGUAGE PROFICIENCY FOR CALD AGED CARE

To meet the linguistic and cultural aged care needs of the growing GWS CALD population, we recommend improvements to language training, noting however that is a long-term goal that will require articulation with state and national language accreditation providers. Linguistic and cultural competency will enable aged care workers in all parts of the system to better contribute to quality service provision for older CALD adults. The training of interpreters on the specific workings and funding arrangements of the aged care system should be considered.

Research participants raised concerns about the capacity of existing government funded translation services to fully understand or explain issues to them in their preferred language, especially with respect to aged care services. They noted that younger people from their ethnic communities did not speak fluently, nor did translators understand their specific dialects. There is scope for better language training to meet the future needs of CALD aged care in GWS. Any such change would require articulation with National Accreditation Authority for Translators and Interpreters (NAATI), the NSW Board of Education, language teaching centres, and with the primary, secondary and tertiary education providers in GWS and NSW. There is also scope for training interpreters on the workings of the aged care system so that they may be able to impart knowledge to the individual in a culturally meaningful way.

RECOMMENDATION 7

FACILITATE OPPORTUNITIES FOR SOCIAL CONNECTION IN GREEN PUBLIC SPACES

To enable opportunities for spontaneous social gatherings for CALD (and all) people, we recommend city planners consider the increased need for accessible green public spaces to enable social interaction.

Research participants raised the issue of the importance of spontaneous social gathering for well-being, with favoured places being public parks where they are close to nature. Older CALD adults wish to associate out of the house and outdoors whenever possible as many of them enjoy walking and are keen gardeners. While it was not mentioned, a community garden might involve older CALD adults from several communities, all bonded by the same commitment to continuing to do something useful for society.



CONCLUSION

This pilot study has demonstrated that creative expression workshops have been helpful in illuminating the concerns of older CALD adults in GWS with respect to aged care service provision. The participants have spoken eloquently of lives changed by the vicissitudes of fate, of how circumstances have dictated migration decisions, of belonging, of struggle, of frustration, of peace, and of their hopes for their families and the future. The experiences of Chinese, Coptic/Arabic and Filipino seniors groups in GWS has highlighted three main themes: connection and disconnection; the gendered being; and integration.

The findings suggest that culturally and linguistically skilled aged care workers using a cultural well-being framework could benefit older CALD people by identifying their existing and emerging needs, and acting quickly to meet them. The application of a cultural well-being framework to aged care service provision for older CALD adults in Australia may serve to help understand how to increase positive feelings of 'belonging' and connection among CALD populations within the Australian community, both within co-ethnic and non-co-ethnic groups, thus reducing feelings of social isolation.

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