



Home and Community Care Consumer Consultation Project

Annual Report 2005

Authorised by:
Mat Rowell, CEO
Tasmanian Council of Social Service Inc.
PO Box 1126
Sandy Bay Tas 7006
03 6231 0755 (phone)
03 6223 6136 (fax)
admin@tascoss.org.au

CONTENTS

FOREWORD	2
ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
1. INTRODUCTION	6
2. METHODOLOGY	9
3. COMMON THEMES	12
4. CONCLUSION	18
5. RECOMMENDATIONS	19
REFERENCES	21
APPENDIX A : Community Consultations and Recommendations Summary	22
A.1 The Polish Community	22
A.1.1 Summary of recommendations from Polish community consultation	25
A.2. The Estonian Community	25
A.2.1 Summary of recommendations from Estonian community consultation	27
A.3 The Hungarian Community	27
A.3.1 Summary of recommendations from Hungarian community consultation	29
A.4. The German Community	29
A.4(a) The German Australian Association	29
A.4(b) Lutheran Ladies Guild	30
A.4.2. Summary of recommendations from German community consultation	32
A.5 Mixed Group – Launceston	33
A.5.1. Summary of recommendations from mixed group consultation	35
A.6. The Greek Community	35
A.6.1 Summary of recommendations from Greek community consultation	37
A.7 The Italian Community	37
A.7.1 Summary of recommendations from Italian community consultation	38
APPENDIX B: ALL QUESTIONNAIRE RESPONSES	39
APPENDIX C: CARERS' RESPONSES	49

FOREWORD

The Home and Community Care Consumer (HACC) Consultation Project in Tasmania has moved from strength to strength since its establishment and is now firmly established as a mechanism that provides a voice for consumers of HACC services in the State. Since its inception, hundreds of young and old consumers have been consulted in both urban and regional Tasmania. Recommendations based on the expressed views and needs of consumers have been fed into the HACC planning process and changes have been made.

This year the Consumer Consultation Project focused on the needs of frail aged people from culturally and linguistically diverse (CALD) backgrounds – all migrants to Tasmania. This group of HACC consumers, potential consumers and carers had not been specifically targeted for consultation before and issues associated with locating and establishing contact with a range of CALD communities and individuals was a challenge for the Project. Language was another barrier to effective consultation but was overcome with the generous assistance of community-based volunteers.

We were able to consult with 172 people from at least 20 different language and cultural groups in the course of the Project this year. While many of the issues raised by those consulted this year echo concerns expressed in previous consultations, particular issues exist for CALD people. Language is an obvious issue for many people from non-English speaking backgrounds, and cultural differences also have an effect on access to and use of services.

The key finding from the consultations is that people from CALD backgrounds in Tasmania have a very low level of knowledge and understanding of services available to them through the HACC program. Many expressed a need for services that are currently available and many were simply not aware of the HACC program and its objectives. High on our list of recommendations, therefore, is that a concerted effort be made to not only get information about HACC services out to CALD consumers and potential consumers, but also to establish mechanisms to ensure both the coordination of services to CALD people and ongoing input from CALD community representatives into the HACC planning process.

We hope that this report contributes to a greater understanding of the issues that affect aged people from culturally and linguistically diverse backgrounds living in Tasmania and to increased access to, and use of, HACC services by these people.

Mat Rowell
Chief Executive Officer
Tasmanian Council of Social Service Inc.
June 2005

ACKNOWLEDGEMENTS

We wish to thank all of the people who took part in the project and who gave so generously of their time and experiences. As Project Officer, I was treated with great cordiality by individuals and the community associations and enjoyed enormously the hospitality that was offered.

The Project received indispensable help from volunteers and we would like to put on the record our gratitude for the interpreting and interviewing help given by Vikki Miteff, Carolina Valencia and Anna Kastrissios.

We acknowledge also those people who gave advice and guidance on how the project should be conducted, including Alex Dziendziel, Mahendra Pathik, Albert Schluter, Kathleen Schluter, Johnnie Koay, George Katona, Ellen Keenan, Kalev Kruup, Peter Kruup and Valentina Pavlovic.

We also pay tribute to the tireless and dedicated service providers, staff and volunteers in the organisations that provide ethno-specific services in Tasmania:

Launceston:

Good Neighbour Council
Community Care NESB

Hobart:

Italian Day Centre
Greek Day Centre
Polish Welfare Office
Migrant Resource Centre South

Many people consulted during the project reported how pleased they were that they, as elderly migrants, were being consulted in matters of home and community care. People were particularly pleased to have the opportunity to express their personal experiences and to suggest improvements for the future. We thank them all.

Thanks also to Anne Collins who assisted with the consultations.

The project is made possible by the financial support of the Tasmanian Government Department of Health and Human Services every year.

Val Kitchener

HACC Consumer Consultation Project Officer
TasCOSS

EXECUTIVE SUMMARY

For the first time, the Home and Community Care Consumer Consultation Project has focussed exclusively on those frail aged HACC consumers, potential consumers and their carers from culturally and linguistically diverse (CALD) backgrounds.

This is the report of the findings of those consultations.

There are an estimated 5,065 migrants in Tasmania aged 60 and over who are from non-English speaking backgrounds. Although scattered throughout the State, the majority live in the main centres of Hobart and Launceston.

A total of 172 people from CALD backgrounds were consulted in the course of this year's project. This included 135 in Hobart and 37 in Launceston. The majority (121) were women and the ages of people consulted ranged from 50 to 90. Most people consulted migrated to Australia in the decades following World War II and were from the following countries: Poland, The Netherlands, Greece, Germany, Estonia, Hungary, former Czechoslovakia, Italy, Latvia, Lithuania, Bulgaria, France, Russia and Croatia.

The Project involved a number of research and consultation methods, including:

- statistical analysis and desktop research;
- individual interviews in people's homes;
- small focus groups;
- group discussions organised in collaboration with migrants community groups or elected representative bodies;
- data analysis; and
- the production of this report.

A questionnaire was used to structure the consultations. In the group discussions, participants were invited to comment on and amend a written report so that each report of group discussions represents a consensus of participants.

The consultations highlighted some common themes including significant unmet demand for existing and new services types, and for longer periods of service (for instance, more than one hour per week or fortnight). There was also unmet demand for more flexible services delivery times, including after hours and weekend services.

Other common themes were:

- language barriers to receiving information and making needs heard;
- issues with having required access to and using interpreters;
- language attrition as people age (that is, reversion to one's original language and loss of second language skills);
- difficulties using telephone technology to access Government and other services;
- cultural issues such as a reluctance to seek help from outside of the family and community or to request assistance, except in emergencies;

- the importance of services and service providers being culturally appropriate and sensitive to cultural differences;
- financial stress associated with maintaining connections to family and friends in their 'home' countries;
- the effects on ongoing health and well-being of hardship and trauma experienced during World War II in Europe; many may be suffering from undiagnosed and untreated post-traumatic stress syndrome with its associated physical and psychological symptoms; and
- the ageing of many carers within CALD communities.

It was also noted that there appears to be an under representation of CALD people receiving HACC services in Tasmania. It was certainly found that people in CALD communities had a low level of knowledge and understanding of the HACC program and HACC services.

Carers of frail aged CALD people tended to be family members and did not identify as 'carers'. These carers often carried the heavy loads of caring for elderly relatives as well as working and caring for their own children.

The report provides fourteen recommendations (refer page 19).

1. INTRODUCTION

This is the fourth annual report of the TasCOSS Home and Community Care (HACC) Consumer Consultation Project, conducted with funding made available by the Tasmanian Department of Health and Human Services.

This Report focuses exclusively on a group previously unrepresented in HACC consumer consultations in Tasmania, that is, those frail aged HACC consumers, potential consumers and their carers from culturally and linguistically diverse (CALD) backgrounds.

Since its inception in 1985, the HACC program has sought to provide a range of support services that will minimise the inappropriate placement of frail aged and younger people with a disability in institutional care settings. People of any age can be eligible for HACC services, providing that they:

- live in the community,
- have difficulty performing everyday tasks without help because of a disability, and
- may require admission to long term residential care without assistance from HACC services.

HACC also assists carers of such frail aged and disabled people.

The HACC Consumer Consultation Project aims to consult with HACC consumers, potential HACC consumers and their carers across the State in order to provide a vehicle for consumer input to the HACC annual planning process and increase the representation of this group in social policy development and other relevant platforms. It has also sought to involve consumer peak organisations in the planning and oversight of the consultation process. The broader aim is to facilitate consumer participation in decisions related to community care service delivery and development, which will in turn encourage a responsive and progressive service system. The rationale underpinning the Consumer Consultation Project is that consumer participation is an ethical and democratic right that leads to more appropriate, accessible and effective health services.

This Report attempts to give a voice to HACC consumers, prospective consumers and their carers by fully and accurately relaying their comments and concerns. The Report offers recommendations on how HACC services could be improved and/or better targeted. We anticipate that, as with earlier reports, these recommendations will be given appropriate consideration in the development of funding priorities for expected HACC growth funds.

The findings of the 2004-2005 consultations need to be assessed within a context of the significant changes occurring within the community care sector, at least prospectively. The Australian Government is negotiating with the State and Territory Governments to change important features of the community care sector. *The Way Forward: A new strategy for community care* (2004) sets out the Australian Government's broad structure for change and TasCOSS supports the strategy in principle.

CALD communities in Tasmania

Figures from the 2001 ABS Census show that in Tasmania 10% of the population or 46,135 people, were born overseas. Of these, 17,717 people were born in a non-English speaking country, and about 34,000 people in Tasmania speak a language other than English at home (*The People of Tasmania*, 2003).

The majority of migrants in Tasmania arrived between the late 1940s and the 1970s. In the first instance, there were post-war refugees from Baltic countries, Poland and Germany followed by later migration from the Netherlands, Greece, Italy and other countries of eastern and western Europe. In 1973, the Australian Government changed its immigration policy and received migrants from China and other non-European countries. Since 2001, there has been increasing migration under Humanitarian Settlement and Skilled Migration programs. Under the Humanitarian Settlement program, refugees have arrived from countries from which Tasmania has not previously received people, most notably from countries of Africa.

The migrants who came to Australia in the immediate post World War II period have not generally been followed by later generations of people from eastern and western Europe. This has led to a decrease in diversity and the ageing of the total populations of European migrants in Tasmania.

There are an estimated 5,065 migrants from non-English speaking countries in Tasmania aged 60 and over. The greatest proportion of these are women (DHHS, 1999).

The top 10 non-English speaking countries of birth for migrants in Tasmania are, in order:

- The Netherlands
- Germany
- Italy
- Poland
- Philippines
- Malaysia
- Greece
- India
- China
- Austria

(*The People of Tasmania*, 2003, p. 49).

HACC service provision for CALD communities in Tasmania

The following organisations provide ethno-specific HACC services in Tasmania. In addition, migrants use a range of other general services.

Launceston

- Good Neighbour Council
- Community Care NESB (Non-English Speaking Background)

Hobart

- Polish Welfare Office

- Italian Day Centre
- Greek Day Centre
- Migrant Resource Centre (South)

General relevant characteristics

The Australian Institute of Health and Welfare provides important social characteristics of the migrant population based on 1996 ABS Census statistics (AIWH, 2004).

Characteristics relevant to these HACC consultations include the following.

- At the aggregate level, people from culturally and linguistically diverse backgrounds have lower average income and home ownership rates than the older Australian-born population, although there is substantial variation across countries of origin.
- At younger ages, they also have higher unemployment rates, which can potentially contribute to older people from culturally and linguistically diverse backgrounds having fewer resources accumulated for old age and consequently a greater need for support.
- Higher marriage rates have traditionally been considered a form of protection against the need for aged care services.
- Although the proportions of culturally and linguistically diverse peoples who are married or living alone have changed only slightly in the recent past, as life expectancies rise, more older persons in general will be living alone.
- More people of the oldest ages (85+) will be living alone and will more commonly be women than men due to longer life expectancies.
- In 1996, 19% of older people from culturally and linguistically diverse backgrounds spoke English not very well or not at all, although proficiency differs among birthplace groups.

2. METHODOLOGY

The HACC Consumer Consultation Project is based on the following principles:

- outreach; that is, the Project Officer 'went to the people' rather than organising consultations that involved people finding their way to TasCOSS or a venue with which they were not familiar;
- regular consultation with migrant community groups on how to advance consultations;
- diversity and flexibility of consultation techniques; this was particularly important for determining whether the process of consultation itself was eliciting different responses or answers to the questions asked;
- allowing time to build trust and familiarity with migrants, individually and through representative groups.

The TasCOSS HACC Project relied on the framework identified in the literature review, *Feedback, Participation and Consumer Diversity* (National Resource Centre for Consumer Participation in Health, 2000). The barriers to successful consultation with migrant consumers identified by the review included:

- consumers may not want to give negative feedback or complain;
- consumers may experience, or fear, discrimination as a consequence of providing feedback;
- consumers may not have access to the structures or resources to participate; in addition, structural inequalities may mean that those who receive the poorest services are given the least opportunity to participate; and
- unequal power relationships between consumers and providers can make it difficult for consumers to provide feedback or complain.

All of the consultations in the HACC Project affirmed that the review succinctly identified the key barriers to consultation with elderly migrants. These were considered carefully and addressed where possible in the course of the consultations.

The methods of consultation employed by the HACC Project were:

- self-administered questionnaires, although respondents in all instances were given help with language and writing;
- individual interviews in which the consultants filled in the questionnaire for the respondent;
- community consultations organised with existing community organisations in which the consultants wrote a group questionnaire for the respondents;
- focus groups in which the consultants wrote a group questionnaire for the respondents; and
- focus groups where the Project Officer prepared a report of the matters raised by the group. In each instance, the report was prepared and returned to the group for amendment usually within three days of the meeting.

Spreading the word about the consultations and attracting sufficient numbers was a challenge for the Project. The methods of publicity employed included:

- items in newsletters of migrant associations;
- items in newsletters of Government bodies;
- items in newsletters of service providers;
- the Project Officer's attendance at formal and informal gatherings of migrant groups;
- an interview on ethnic community radio;
- 'legwork', that is, becoming involved with migrants in their usual routines and setting up a network among people to identify others who could take part in the consultations.

All of the interviews and consultations were recorded with handwritten notes. The Project Officer did carry a tape-recorder at all times although in many cases people did not feel comfortable being recorded.

Consultations undertaken

In total, 172 people from CALD backgrounds were consulted in Launceston and Hobart (including Glenorchy and Kingston). In Hobart, 135 people were consulted and 37 people were consulted in Launceston.

Set out below are the number of respondents to the HACC Consumer Consultations listed by country of origin and HACC status (consumer, eligible/potential consumer and/or carer).

Country of Origin, HACC Actual, Eligible/Potential Client, Carer
TABLE 1

Country of Origin	HACC Consumers	HACC Potential/Eligible Consumers	Carers
Netherlands	3	8	
Germany	5	14	1
Italy	23	11	1
Poland	10	2	3
Greece	13	43	
Hungary	2	8	
Estonia	3	8	
Other*	14		
Total	73	94	5

NOTES:

1. Data on whether respondents are actually HACC consumers may not be wholly accurate. Most people consulted were uncertain about which program was providing services.
2. Eligible/potential HACC consumers were all over the age of 60.

Set out below are the numbers of respondents to the HACC Consumer Consultations by means of consultation, age, gender and countries of origin.

TABLE 2

Country of Origin	Age Not available (but over 60)	50-60	60-70	70-80	80-90	90-100	Male	Female	Total
QUESTIONNAIRES (self-administered)									
Italy				5	1			6	6
Poland	2							2	2
Netherlands				4			2	2	4
Bulgaria			1					1	1
Estonia				1				1	1
Russia				1				1	1
SUB TOTAL							2	13	15
FOCUS GROUPS									
<i>Mixed Group 3:</i> Croatia; Ukraine; Germany; Poland; former Czechoslovakia			1	8	1			10	10
<i>Mixed Group 2:</i> Italy; Estonia; Germany; Latvia; Poland; Finland; Mexico; Greece; China Netherlands; Lithuania; France.			4	11	11	3	10	18	28
<i>Italian</i>				11			2	9	11
Sub-total							12	37	49
COMMUNITY CONSULTATIONS:									
Poland	6						2	4	6
Estonia		2	4	1			3	4	7
Germany		6	3	6		1	2	14	16
Hungary	7						3	4	7
<i>Mixed Group 1:</i> Netherlands; Hungary; Germany; Estonia	8						3	5	8
Greece		3	36	6		9	20	34	54
Italy		1	2	3		4	4	6	10
Sub-Total							37	71	108
TOTAL							51	121	172

3. COMMON THEMES

For details of the consultations, see:

- APPENDIX A: *Community Consultations and Recommendations Summary*,
- APPENDIX B: *Summary of all Consumer Questionnaire Responses*,
- APPENDIX C: *Carers' Questionnaire Responses*.

A number of common themes emerged from the consultations with CALD HACC consumers, potential consumers and their carers.

In general the findings of the HACC Project indicate that if migrants are to live as long as possible in their own homes, greater attention must be paid to providing culturally appropriate at-home and community services for them.

To deliver culturally appropriate services, the HACC program will need to recognise and accommodate the strong independence of the migrant population generally, together with the deep commitment to receiving care only from family members, friends or community. This may require an education program aimed at cultural change among elderly people to recognise the value of accepting help from others at home so that they do not face unnecessary or premature entrance to a nursing home or other types of residential care facility.

The records of consultations provide evidence of unacceptable levels of social isolation and loneliness, which whilst common to general population groups of elderly Tasmanians are also exacerbated by language and cultural barriers.

In the case of CALD consumers, services provided must relate not only to 'home' but also to 'community' so that people have access to transport and other enabling services to allow them to get out of their homes and to socialise within their own CALD communities.

Demand

In 2002, TasCOSS completed the HACC Consumer Consultation Project Report *Unmet Need in Home and Community Care Services* (TasCOSS, 2002). The 2004-2005 Project among migrants confirms that the findings of the 2002 report remain current and TasCOSS therefore urges that the findings of that earlier report continue to be addressed. The type and range of services required by the general population are required equally by migrants.

Consistent with the 2002 report for the general population, migrants need:

- a wider range of services at home and in the community;
- a greater quantum of existing services; and
- appropriate means of learning about the services available to help them.

Responses to questionnaire (see APPENDIX B: *Summary of All Consumer Questionnaire Responses*) demonstrate common themes in unmet demand in the type and range of services available for migrants. These are as set out in summary below.

- Respondents who were receiving domestic assistance had it for 1 hour per week or fortnight, and this was considered insufficient.
- The system must respond to the need for more flexible arrangements. The health and needs of elderly people vary and attention must be paid to the periods when a person needs additional help (for instance after having had a fall or an illness).
- More resources should be made available for ‘spring cleaning’ (that is occasional large cleaning jobs) and especially for cleaning in high-up areas (for instance window cleaning) and cleaning which requires heavy lifting.
- More resources are also necessary for after-hours services, which ensure care is available in the evenings and at weekends.
- There is a strong appeal from elderly people who wish to continue to live independently at home to have assistance with gardening, including lawn mowing. Gardening is important not only for aesthetic reasons but also for security since a well-maintained garden indicates occupancy. This is not a service presently provided but is high on the priority list of many of those consulted.

It should be noted that the Productivity Commission’s recent *Report on Government Services 2005* (Productivity Commission, 2005) indicates that 34.5% of Tasmanians needing assistance with at least one daily activity claim to have a partial or total unmet need. Although this sits slightly below the national average, the statistic warrants further investigation (Productivity Commission, 2005, Table 12.6, 12.34).

In addition, migrants have reported needs that relate specifically to language and cultural differences.

Language

Language was identified as an issue by many of the people consulted. For many it presented a barrier to receiving the services they required. While most of those interviewed had been resident in Australia for many years, a large number remained unable to use English adequately, particularly in relation to specialised areas such as in technical, health, finance and legal matters. In addition, many require clarification of concepts that may not be translatable in original languages.

Assistance is needed with language interpretation, although the extent to which this is required varies across the different communities – see APPENDIX A: *Community Consultations and Recommendations Summary*. Most prefer to use family and/or friends for interpreting, although more use could be made of the Telephone Interpreter Service (TIS). Issues of privacy need to be considered when the services of interpreters are used.

Fewer problems would exist for people from non-English speaking backgrounds if public documents (including information brochures and forms) were written in Plain English.

Many migrants report reverting to their original language as they grow older. After retirement, people use English less in work and social situations with the result that English skills deteriorate. In addition, language attrition appears to be a common condition of ageing and can start well before the age of 60. It can be compounded by isolation, ill health, stress and dementia. Health care and community based staff therefore need to be trained in language attrition issues.

There are particular problems for older people from CALD backgrounds using telephones to access Government information and other services. Menu-driven telephone automation (the 'press 1' practice) is difficult for older migrants as, we can assume, is voice recognition technology. In addition, people reported having difficulty distinguishing recorded voices from responses to their calls on the telephone. Similarly, people with language barriers are reluctant to use answering machines because of the confusion it causes them.

Cultural issues

The consultations revealed a strong ethos of independence and pride among many migrants. The importance of strong family and community ties also emerged as central features of life for the CALD people consulted. There is a stigma attached to seeking help from outside of the family or community. Help is seen as something required only in emergency situations, not as an ongoing occurrence, as is the case with services delivered through the HACC program.

The notion and reality of 'home' is important to the people consulted, many of whom were 'displaced persons' after World War II. The home, whether owned or rented, is for many a symbol not only of success, but also of safety and independence. Maintaining the capacity to remain in the home for as long as possible is therefore very important.

The notion of community was equally important and many felt that services that assist and enable participation in community life are vital to individual well-being.

The importance of receiving culturally appropriate services was stressed throughout the consultations. People felt it was vital that carers and other service providers who deliver services in people's homes have an understanding of cultural factors and differences. Many called for cross-cultural training for HACC service providers. Ethno-specific services were favoured for this reason, however, most were aware that these would not always be available.

The choice of carer is also critical, particularly for personal care tasks. Those providing services must obviously be appropriate to the tasks, and to the recipient of services. In some cases this means carers of a particular gender are required and/or carers with particular cultural sensitivities.

Food was another issue raised in the consultations. Those who received the Meals on Wheels service noted that it was not sensitive to different cultural needs. The food was often inappropriate to migrants, both in its nature and the timing of its delivery. People called for greater flexibility in food services.

Several respondents highlighted the importance of gender differences and of traditional gender roles in many migrant communities. Women tend to be inexperienced in financial and business matters and require assistance with these when their spouse becomes ill or dies. Men are not generally skilled in housekeeping and cooking, and if left alone in older age, often have difficulties looking after their domestic needs, including ensuring adequate nutrition.

Another issue raised in the consultations is the issue of financial stress among CALD communities. Many older migrants who rely on pensions as their sole source of income

continue to send money and gifts 'home' to their families. In addition, some report problems with the high cost of maintaining contact by telephone with friends and family overseas.

Some migrants report health and well-being concerns as a result of their experiences and long-repressed memories of World War II. The families of elderly migrants also bear the consequences of some of this traumatic experience. Some older people may be suffering from post-traumatic stress syndrome which can manifest itself in physical as well as psychological symptoms, such as sleeplessness and depression. While this matter may not be universally problematic and many migrants report that they 'can handle it', migrants and their families might benefit from investigation of whether there are psychological issues with which they can be assisted. Furthermore, health personnel and service providers need to be aware of this issue.

An issue identified by a number of those consulted was the fact that many volunteers active within CALD communities are themselves ageing and beginning to require assistance. Those who for many years have cared for elderly and ill people in their community, and who have provided voluntary services to the community as a whole are no longer able to do so. This is leaving a vacuum which is not being filled by younger people, and may mean that services such as those provided under the HACC program will be increasingly in demand.

Representation of Migrants in HACC Program

Migrants appear to be under-represented in the HACC program in Tasmania, although it is not possible to be entirely conclusive about this. In the *HACC Minimum Data Sets 2003-2004* (2004), migrants living in Tasmania are below the national average in uptake of HACC services (although these figures include not only older people, but also young disabled and carers). On the other hand, the population of migrants over 60 in the 1996 ABS Census was 5,065 (DHHS, 1999) and the number of HACC clients is approximately 1,100 (*HACC Minimum Data Sets 2003-2004*, 2004). This suggests reasonable comparison with the 20% uptake of HACC services in the general aged population.

However, the consultations and the statistical uncertainties lead us to the view that more attention must be paid to whether migrants have adequate access to HACC services in Tasmania. Specifically, more needs to be known about the following:

- Whether the uptake of HACC services is evenly distributed over migrant communities or whether those communities with ethno-specific services (that is, the Polish, Italian, Greek communities in Hobart) might record more usage than those without such services. If this is the case, the number of migrants using HACC services would be unequal across the various communities.
- Whether migrants might reasonably be expected to have a higher uptake of services given that the numbers of aged people in culturally and linguistically diverse communities are increasing in proportion to the total more quickly than in the general community.
- Whether the uptake of services is distributed across age groups; that is, one would expect that as people grow older there will be more uptake of services in the older age groupings.

The HACC Project consultations show that there is inadequate information and statistics to assess the representation of migrants in the HACC program. Considerably more planning

information is needed to fulfil the objective of maintaining independence in the home for elderly CALD people.

The Commonwealth and State Governments are working together to prepare a new comprehensive Minimum Data Set (MDS) which is the basis for statistical analysis of the HACC Program. The data collection and analysis reforms will address a number of the difficulties encountered by TasCOSS in the course of this project in the area of data collection and analysis.

The consultations highlighted several common themes in addition to those discussed above, that relate to the uptake (or otherwise) of HACC services. These include the following.

- There is a low level of knowledge and understanding of the HACC program in general.
- There is a lack of information about services available – new information dissemination methods may need to be investigated to ensure that service information reaches those in CALD communities. It appears that information is best disseminated horizontally within CALD communities, that is, among formal and informal peer networks.
- A number of people noted that information brochures, even those in translation, are not effective in informing people of available services.
- The role and functions of Carelink are not well understood and its services are therefore under-utilised by people from CALD backgrounds. It is often confused with Centrelink.

Carers in Culturally and Linguistically Diverse Communities

The HACC Project Officer made an effort to interview families and friends who care for elderly migrants. There were no formal, CALD specific structures through which to consult with carers. The Carers Association of Tasmania assisted, but until recently, did not have a CALD specific function in the Association.

The number of respondents on carers' issues in this report is small. It should be noted that elderly people who were HACC service consumers or eligible or potential consumers, often also fulfilled a role as either primary or secondary carer for other people.

There were strong and often emotional responses to the request to respond to questions as a carer. Many did not identify as 'carers', but declared a different relationship. A common response was 'I am not a carer – I will never be a carer – I am a son' (or wife, daughter, daughter-in-law, friend, as the case may be).

The overriding issue for carers is that they are best assisted if the demand for services by the person for whom they are caring is met.

The consultations found that the basic concerns of carers of elderly migrants are:

- elderly parents want family, not government help;
- balancing work, other demands and caring is extremely difficult;
- there is need for transitional care when elderly people are moving from home to respite care, to hospital and so on;

- carers have to be constantly available to provide interpretation services ranging from complex interpretation of legal documents to ringing a taxi for ‘mum’ or ‘dad’ to go shopping;
- those who care for people need to know that the person they are caring for can independently socialise and enjoy the company of other people; and
- if elderly people have good access to HACC services, time is ‘freed up’ for quality interaction within the family.

There was frequent and indirect reference to the heavy load being carried by sons and daughters of elderly migrants in meeting care needs, especially given the language and cultural issues that often need to be dealt with. Similarly, daughters-in-law were identified as a mainstay for meeting domestic, transport and social needs. One hospital social worker reported that he commonly observed that sons, daughters and daughters-in-law of migrant patients appeared to be deeply drained themselves as a result of the high demands of their caring roles.

4. CONCLUSION

These consultations revealed major issues for frail aged people in Tasmania from culturally and linguistically diverse backgrounds in relation to their knowledge and understanding of, and access to HACC services. In turn, this has serious consequences for the quality of life for older CALD individuals and for their ability to remain living in their own homes for as long as possible.

While we found that many of the individuals consulted are connected in some way with community organisations that provide both information and services, we are concerned for the many who are not.

Barriers associated with language and cultural differences, as well as those related to the general processes of ageing, such as decreased mobility, can lead to isolation and contribute to the inability and, in some cases, unwillingness to accept assistance through programs such as HACC. These barriers must be addressed to ensure that all who are eligible have access to these services, and are encouraged to use them.

Services must, of course, also be appropriate and sensitive to the needs of individuals. To this end, we have recommended that cross-cultural training be provided to all HACC service providers.

We hope that this report will contribute to an increased understanding of the issues affecting frail aged people in Tasmania from CALD backgrounds, and to an increased access to and use of HACC services by CALD communities and individuals.

We look forward to continuing to contribute to improving the HACC program through consumer consultation and to ensuring that the voices of consumers, potential consumers and their carers are heard.

5. RECOMMENDATIONS

As a result of the information collected and analysed during the 2004-2005 HACC Consumer Consultations, TasCOSS makes the following recommendations:

HACC Unit

1. That a forum of representatives from CALD community organisations be established to work with the HACC Unit to prioritise and seek implementation of the recommendations made in this report.
2. That a public awareness campaign be initiated and funded to provide information to migrants through culturally appropriate avenues about their options for personal care and home help as they age. Such avenues might include CALD community organisations, prominent individuals, schools, local shops and churches.
3. That cross cultural training be provided to HACC service providers, and that such training include information on language, language attrition and post-war/trauma stress issues, as well as on cultural characteristics and differences.
4. That a program be initiated and funded to identify and communicate with existing carers of elderly migrants in order to both provide support and to inform them of available HACC services.
5. That increased gardening maintenance services be made available through the HACC program in the interests of well-being and personal safety.
6. That increased funding be provided for spring cleaning services in CALD services.
7. That transport services be increased to provide:
 - door-to-door services for shopping and attendance at appointments,
 - regular transport for people to attend church services and community functions, and
 - excursions and occasional outings of a social nature.
8. That HACC services become more flexible in relation to their timing so that services can be provided after-hours and on weekends. In particular, we recommend the introduction of a service that provides for a carer to visit in the evening to ensure that the HACC consumer is safely situated and comfortable for the night (this would include checking that electrical appliances are turned off or made safe and that wood fires are safely shut down, and that the house is secure).
9. That increased funding be provided to existing services to allow the duration of HACC services be extended if appropriate; that is, that service time be increased to allow tasks to be completed without stress. This is especially important in the case of outings to banks, shops and appointments where delays are common and often unavoidable.

10. That increased ethno-specific services, including day centres, be funded where possible.
11. That the recommendations from last year's HACC Consumer Consultations which were not addressed be reconsidered in this planning round.

Department of Health and Human Services

12. That the State Government Department of Health and Human Services strengthen existing structures within the Department to ensure the coordination of and access to services for CALD people in Tasmania. This would include paying specific attention to this population group and seek to:
 - assess and address unmet need for services, especially ethno-specific services;
 - address under-representation of migrants in the HACC program and in other general health services; and
 - pursue the creation a consultative structure from within migrant communities looking at health needs.
13. That language barriers be addressed to ensure that information is effectively conveyed to CALD people. This should involve:
 - a register of bi-lingual HACC service providers/carers;
 - promotion of the Telephone Interpreter Service (TIS), especially among health service providers, financial services personnel and others providing services to CALD people;
 - the preparation of manuals explaining telephone technology, including information on the use of menu-driven automated systems and answering machines – and/or the provision of training in telephone technology through CALD community organisations;
 - the production of business cards that can be carried in a wallet or purse with relevant telephone numbers for assistance; and
 - the production of public documents (including information brochures and forms) in Plain English.

Commonwealth

14. That the Commonwealth consider the implications of the confusion for some people in relation to the names of Carelink and Centrelink

REFERENCES

Australian Institute of Health and Welfare (AIHW) (2004), *Diversity Among Older Australians in Capital Cities 1996-2011*, AIWH, Canberra.

Home and Community Care Minimum Data Set 2003-2004 Annual Bulletin (2004), Australian Government Department of Health and Ageing, Canberra.

National Resource Centre for Consumer Participation in Health (2000), *Feedback, Participation and Consumer Diversity: A literature Review*, Consumer Focus Collaboration, Australian Government Department of Health and Ageing, Canberra.

Productivity Commission (2005), *Report on Government Services 2005*, Productivity Commission, Canberra (Chapter 12: Aged care services).

Department of Health and Human Services (DHHS), Tasmania (1999), *Older People in Tasmania: A profile 1999*, DHHS, Hobart.

Tasmanian Council of Social Service (TasCOSS) (2002, 2003, 2004), *Home and Community Care Consumer Consultation Project Annual Report*, TasCOSS, Hobart.

The People of Tasmania: Statistics from the 2001 Census (2003), Multicultural Tasmania and the Australia Government Department of Immigration and Multicultural and Indigenous Affairs, Canberra.

The Way Forward: A new strategy for community care (2004), Australian Government Department of Health and Ageing, Canberra.

APPENDIX A : Community Consultations and Recommendations Summary

The following are reports of consultations conducted with the target group (HACC service consumers, potential consumers and their carers from CALD backgrounds) through their representative community organisations.

In most cases, these written reports were provide to the groups within three days of the meeting so that amendments could be made to the tone and/or content. While not verbatim, the reports represent the views of the people who took part in each consultation.

In each instance, the HACC consumer consultant tabled copies of the HACC Consumer Consultation Project brochure, a list of available HACC services and the HACC Consumer Consultation Project questionnaires. Each consultation was based on the questions prepared for HACC consumers and with regular reference to the list of HACC services.

For details of numbers and countries of origin, see Report, Section 2: Methodology.

A.1 The Polish Community

General

It was pointed out that migrants are under-represented in the HACC services system and that it is important to examine all of the factors of language and culture to improve access and equity.

Disseminating Information about HACC

The elected community representatives for the Polish community reported that:

- many people do not understand the concept of HACC and even if they are receiving HACC services, regularly do not identify with being a 'HACC consumer'. Even people who receive services through the Polish Welfare Office may not register that they are a 'client' of the Welfare Office.
- If people are not understanding the means by which services are delivered, this creates confusion in their own minds and seriously limits their capacity to resolve problems.
- Migrants will usually seek help from 'the system' only when there is a crisis. The concept and practice of HACC is not culturally appropriate. For many migrants, receiving help is a stigma and causes them shame. This attitude appears to be more prevalent among migrants than in the general Australian population.
- Information is circulated horizontally among migrants. Migrants learn about services by talking to peers in their community.
- People do not know of or use 'Carelink'. People confused 'Carelink' with Centrelink.

Language

The following points were made:

- Language difference creates many barriers to Polish members' use of services.
- There are particular problems when using phones to access Government services. The "press 1" practice is not useable by older migrants. In addition, people cannot distinguish recorded voices advertising services and so on, from a response to their call. Similarly, people with language barriers will not use answering machines because of the confusion it causes them.
- Service delivery must be based on "the human touch" to be effective.
- The use of interpreters is not a major issue but not because people have the necessary English skills for all occasions. Older migrants find it is confusing to use interpreters and rely on other members of their community to help with translations.
- There is a services handbook produced by the Polish Welfare Office that includes notes to people to use new phone technology. This might usefully be expanded and used for other language groups.

Language Attrition

As they retire and grow older, people use their English less in social and work situations with the result that English usage deteriorates. This is compounded with increased ageing and if there is diagnosed dementia. Language attrition can start well before the age of 60.

Culture

The Polish people are proud and motivated by a strong work ethic. Polish people only turn to welfare payments as a last resort.

Not only the World War II experience but also the settlement history of Polish migrants must be clearly understood when planning services for migrants.

World War II

Almost all of the aged Polish-born people, men and women, who live in Tasmania are post World War II refugees. To varying degrees, all of the World War II refugees experienced distress during World War II. There was individual trauma as well as the destruction of their whole society in Poland. Not only soldiers experienced abuse, but also civilians, including women and children.

The history and experience of war and its effects on migrants, needs to be "brought out into the light". Members felt strongly that Tasmanian society generally, and health care providers in particular, need to be informed of some of the Polish experience before they can effectively deliver health services. All of the members of the group consulted had directly experienced war or were in family situations where it directly influenced their lives. Their experiences affected them in different ways. War trauma can be worn as a 'badge of honour' and something of which to be proud.

It was felt that community education on the prevalence and consequences of war experience is needed to promote recognition and respect for the Polish people. Migrants seek to be valued for their extraordinary history, not to be surrounded in mystique, ignorance and misunderstanding.

Within the Polish community, there is a culture to encourage community and families to bring the history of older people out into the open. As a result, it may be said that experience requiring clinical attention may be less of an issue than expected. Indeed, such personal history can be the basis for the strength and resilience of migrants rather than a problem to be treated.

Migration Settlement Experience

Many Polish migrants suffered severe hardships and deprivation when they arrived in Tasmania. It is recognised that all people lived in difficult times, but there are particular features of the Polish migrant settlement experience that need to be understood.

The Poles were the first of the post-war refugees to come to Australia. They were the “experimental” group who set precedents for how newcomers were settled. The Polish workers did not enjoy some of the later benefits of other migrants; for example, they were contracted to particular work for longer periods than later arrivals.

The Poles took enormous pride in being with the allied forces and valued their involvement with the experiences of the ‘Rats of Tobruk’. They saw themselves as having common values with the Australian nation.

The capacity of people to find and live with their new identity was made difficult because Australian policy and society did not appear to respect the shared values between the two countries. The Polish migrants were “lumped” with other migrants who were not “on the same side” in the war. All people, no matter how well qualified, were required to do menial work and they were “put down” and their qualifications were not recognised.

These characteristics of the settlement experience colour the responses of older people now. Older people remember the difficulties of their early settlement and as a result do not wish in any way to draw attention to themselves for fear of negative response. Many older migrants are extremely reticent about approaching Australian government services for these reasons.

Services

There are a large number of people who report that they are ‘just coping’ and who could be more supported in their homes. Service providers should note that:

- When services appoint a bi-cultural worker, this is not a solution to all problems. The appointment should be accompanied by infrastructure to allow for liaison and flexible and extended personal contact with migrants themselves;
- There is a great need for bi-cultural training but many felt that present training is not appropriately delivered. Good cultural training “touches people personally” and “brings out the diversity in our groups and community”. There is more diversity within any group of people than many realise and the common things we share should

be the basis for training; not the differences which in many cases are superficial e.g. whether or not we practice eye-contact and so on.

- Do not consider that brochures translated into specific languages have high or even moderate usage;
- Suggestion that business cards are produced for people to keep in their wallets and handbags with easily accessible numbers for them to ring for services;
- Consider publishing a brief manual with guidelines for older people so that they can more effectively use new phone technology.

A.1.1 Summary of recommendations from Polish community consultation

- Verify that migrants are under-represented in the HACC service system and seek to understand why this is the case;
- Re-establish the multicultural liaison group with HACC office in State Government;
- Government should not fund any new generic information services – they are not used by migrants;
- Policy workers, service providers and staff should all have cultural awareness training;
- There should be an overhaul of how training is delivered so that it is culturally appropriate. It should be promoted as a minimum that older Polish migrants think it is disrespectful for people not to address them as Mr. or Mrs, and to not attempt to use their correct name;
- Funding should be diverted to communities for determination about how best to communicate with migrants and deliver services;
- Focus policy and service delivery as far as possible on one to one communication;
- Do not rely on Internet for communication with older migrants;
- Do not consider that brochures translated into specific languages have high or even moderate usage;
- Utilise business cards that people can keep in their wallets and handbags with an easily accessible number for them to ring;
- Consider publishing a brief manual with guidelines for older people so that they can more effectively use new phone technology.

A.2. The Estonian Community

General

The Estonian community in Tasmania is among the smallest of the migrant groups consulted and it was the view of some people at the meeting that smallness may have been an advantage to the Estonian community. The meeting discussed the fact that the size of the community seems to have been a main reason for the strong capacity of Estonians in Tasmania to assimilate and to not require specialist services. This is contrary to the expectation of some that smaller communities of migrants may find it more difficult to enjoy appropriate health care in older age.

All the new arrivals were refugees who were unable to return home after the war. Since they had an obligation to work two years wherever the Australian Employment Office sent them, a

number came to Tasmania. Those sent to Launceston and surrounds were mainly married couples with children, whereas single people tended to be sent to Hobart.

Dissemination of Information about HACC Services

The general view was that:

- there is little knowledge about services that are available to people to allow them to live comfortably in their own homes as they become older.
- One person reported trying to access services through Carelink but without success.
- Some members reported that the most needed service is gardening as it is the task that requires the most physical effort.

Language

The people present at the meeting reported that:

- they continued to be comfortable using the English language as they grew older and that they believed that this was generally true for Estonian-born people in Tasmania;
- while it was understood that other migrants reported reversion to their original language as they aged, the view was that this was not a strong feature of ageing for Estonians.

People at the meeting speculated that there are several reasons for the difference from other migrants in this regard. Those present at the meeting had used English when they were in Estonia and from a young age. There was also a strong emphasis among Estonian people to achieve high educational standards and to focus on education for their children. Migrant parents were anxious for their children to achieve in their new country and by and large, the children of Estonian migrants have been well educated and successful in life. It has been necessary to be very fluent in English to achieve these standards.

Culture

The people present at the meeting were of the view that:

- cultural issues were not of prime importance in health care for people from Estonia. Almost all had assimilated into Australian culture; for instance, most had ‘forgotten’ what Estonian food is like;
- migrants from Estonia are strong and independent people. There is very strong commitment to living at home for as long as possible and to meeting one’s own needs;
- migrants had generally experienced the problems arising from children leaving Tasmania in search of employment. The children who had been so well educated found it necessary to move away from home to pursue their interests.

World War II and Settlement Experience

It was generally acknowledged that:

- some migrants have problems with post-war experience but the majority reported that Estonians appear to have few symptoms of post-war trauma;
- the issues of war had been difficult but dealt with in earlier years.

One person reported that the settlement experience in Australia had been so negative as to be almost as distressing as World War II.

Services

The critical mass of the Estonian community in Tasmania - and indeed of the Baltic communities which include Lithuania and Latvia - is very small and this has an effect on service delivery. While specialist services may not be of a high priority, it was suggested that a linear chart of people's needs as they age is important. The delivery of services needs to be considered in a transitional way.

A.2.1 Summary of recommendations from Estonian community consultation

- The majority of community members present agreed that more access to gardening services is important. This is not only for reasons of maintaining home and garden, but also to present homes as occupied and therefore more secure.
- A process is needed to examine peoples' needs in a linear way; needs must be assessed at each stage of ageing.

A.3 The Hungarian Community

General

Community members reported the following numbers of Hungarian people in Tasmania:

- Hungarian Association: approximately 60 members
- Hungarians State-wide: approximately 300
- Hungarians in Hobart: approximately 120.

Members made the important point that ABS Census methods have changed to include an ethnicity' question. As a result, while the 1996 census recorded 180 Hungarians in Tasmania, the 2001 Census recorded 300. Inserting an ethnicity question has meant the recognition of many people who identify as Hungarian but who were previously counted on the basis of their country of birth, for instance, Yugoslavia, Czechoslovakia, Serbia, or Turkey.

It was made clear from the outset that Hungarian people tend not to use government services and would not use them even if more fully informed. The opinion of the group was that older people will resist moving from home and will refuse to enter a nursing home.

Language

Members reported that:

- they rely on one another for assistance with interpreting English when this is required, they rely on other Hungarians to discuss and understand social and other issues;
- they, and other acquaintances, show some signs of reverting to more use of their first language as they age.

Other members pointed to the excellent language skills within the community.

Culture

One community member made the point (and others agreed) that trust is a key issue when older people are considering help with tasks at home. People need to feel comfortable with people who come to their home and there is preference for help to be given by someone from the Hungarian community.

All members commented on:

- a strong resistance among older Hungarian people to receiving help. There is strong culture of pride and determination to be independent;
- the existence of strong family ties and it is generally accepted that children of older people will provide them with domestic and other assistance and generally take care of them. On the other hand, family structures are breaking down. Many children have grown and moved away from Tasmania. In instances where children live close by, it may prove difficult for them to devote time to elder care as the younger generations and the business of getting on with life take up time. There is a higher incidence of divorce than in the past, leading to further fracturing of family networks.
- There are major issues for older people around social isolation and the need for companionship and company. Community members reported that there are a number of older people who do not emerge from their homes, who are frail, ailing and who, for whatever reason, do not seek assistance.

Members pointed out that identifying those in need usually happens when there are community social gatherings or activities. These were circumstances when information was disseminated about services that might be available for people in need. It was pointed out that the community had had an active women's group in the past. The group had declined following the death of one of the key organisers.

An important matter for this community is that the Migrant Resource Centre South (MRC) is suffering overcrowding. This has reduced the opportunity for people to come together in a public place. The women's group that had previously used the MRC building has had to move to the private home of one of the members.

Members affirmed that care for older Hungarian people is best undertaken in a place where there is support from people who can speak their language and in circumstances where activities and meals can be 'in the Hungarian style'.

A.3.1 Summary of recommendations from Hungarian community consultation

- There should be urgent attention given to providing space previously supplied by Migrant Resource Centre for migrants to meet, socialise and exchange information;
- There should be an ethno-specific facility for aged people in the Hungarian community;
- The circulation of information should be through newsletters and publications that older people read e.g. Seniors newsletter;
- The circulation of information should be through the Hungarian community itself;
- Consideration could be given to involving younger Hungarians as part of a support system for the older people and especially to provide informal interpreting services;
- The Government's attention should be drawn to the 2001 Census data which shows the correct number of people who have Hungarian ethnicity in Tasmania;
- There needs to be more and easier access to statistical information. The ABS should not charge for unpublished data about migrants.

A.4. The German Community

Two community consultations were held with the German community in Hobart – with the German Australian Association and with the Lutheran Ladies Guild.

A.4(a) The German Australian Association

General

The German Australian Association has applied for HACC funding to establish a day centre for German migrants. In accordance with HACC criteria, the Day Centre will accommodate 25 people. There is a great deal of unmet need in the German community for HACC services. Even if funding is granted for the day centre, the Association has established that at least twice that many require use of such a facility.

Language

Most German migrants speak very good English. German migrants appear to have less need of interpreters and less language attrition than other migrants.

On the other hand, in specialized areas such as finance and law, migrants may need information translated to German.

Culture

Many stated a preference for food that is specific to their culture. As people become less capable of preparing the food that they are accustomed to and prefer, it is quite a matter of discomfort to have to accept other kinds of food. Older people find it difficult to change their eating habits.

Peoples' culture is intrinsically linked with their language. Although some migrants may have had long years of using English and speak the language very well, it is still quite common for cultural differences to be an issue for people when they are seeking services. There are English concepts that do not translate easily to German culture e.g. "respite" is an unusual concept as is "advocacy".

Males reported finding it more difficult to adjust to being alone than women do. One male migrant eats every night at a hotel because his wife has died and he does not wish to, or know how to prepare his own food.

Many migrants from Germany have suffered trauma as a result of the war. This can cause depression especially in later years. Carers, too, especially if they are family members, may need assistance to deal with the knowledge of what their parents have experienced. In any event, care providers should be aware that migrants may have a background of trauma and it may become more acute in later age.

Services

The main issue is how to effectively communicate to German migrants the availability of HACC services.

A.4(b) Lutheran Ladies Guild

General

The group generally expressed concern that public liability insurance issues appear to dictate the tasks that can be done for people. Many tasks that involve climbing, lifting and reaching are those that staff cannot do but which older people especially require to be done.

Members pointed out that care in the community is as important as care in the home. Too many people are lonely and isolated at home. One person who lived alone reported that "If I had no friends from here (the Church) I would be buried". She relies heavily on Church members to assist her with difficult tasks and also to provide friendship without which she would, in her view, not survive.

Language

The German community generally has good English and most considered that language is not a barrier to receiving services or to receiving quality services.

The perception is that German people adjust better than other communities.

Language Attrition

There was general consensus that ageing leads to people reverting to their original language, in this case, German. It is not necessary for there to be dementia or other psychologically related diagnoses. Loss of English comes with ageing and also with loss of social connection and the opportunity to use the second language.

One person reported that a friend with diagnosed dementia reverted to German but 'did not have dementia' when she was spoken to in her original language.

One person pointed out that people would have few problems with language if official and public documentation were more simply written.

Culture

Members reported that there is not only language attrition in older age, but also reversion to other aspects of the culture that were important in earlier years. For instance, older people who have consumed a predominantly Australian diet may suddenly have much greater preference for German dishes.

War Experience

All members had had, or were closely connected with, memories arising from World War II. Several reported that partners and friends showed an increase in war memories in later years. German people generally appeared to have increasing incidences of night disturbances and bad dreams of the war as they aged. There can be difficulties also for children of migrants who have not been aware of the details of their parent's history.

Three people reported that their partners watched television programs about World War II which, while upsetting, revealed to them information about the War that previously they had no knowledge of.

Media programs about war and disasters can cause 'flashbacks' for many people and cause them to re-live war experiences in their minds. The terrorist attack on the World Trade Centre in New York was raised as an example. The television coverage of the attack caused people to re-live their own experiences of particular traumas in the War, and the repeated images of the plane hitting the WTC Towers caused repeated flashbacks. People reported experiencing both mental and physical disturbances (for instance, eczema).

In the view of the Ladies Guild, nothing can be done to assist people with post-war trauma. However, people who provide services should be made that older people may be experiencing sleeplessness and other difficulties as a result of their past experiences.

Services

One person requiring services reported that she is not on a pension but cannot afford to pay full payment for services.

No members reported understanding what Carelink is. There was confusion with Centrelink.

All reported that they rely on friends for information.

No members knew how to go about asking for services, or changing existing services, even when they are receiving HACC services.

Members agreed that people need more services in the community, since social activity is very important to well-being. Older people need to feel safe in transport and in venues such

as shopping centres. Some older people find floors slippery and would like to see non-slip mats on steps and in other locations.

One member reported satisfaction with the manner in which, on discharge from the Royal Hobart Hospital, staff had checked the safety and security in her home and ensured that both patient and carer were well-supported in the rehabilitation weeks.

On the other hand, one person who had been hospitalised reported that after her heart operation it had taken two months to get home support and the carer had stayed only two months.

When people are being visited by service providers, there should be regulation about how an approach is made. Members reported that some people feel frightened when there is a knock on the door by an unannounced person who has come, for instance, to check security alarms.

Members reported requiring additional services including wood-stacking, gardening and minor home maintenance

The Ladies Guild pointed out that there are many volunteers available to assist with services, or who would like to assist, but there is no central record of these. Migrants would benefit from a list of volunteers who especially could help with language interpretation in an informal way.

A.4.2. Summary of recommendations from German community consultation

Germany Australian Association

- Community members need a register of bi-lingual carers.
- There should be training of service providers and staff so that they understand language and cultural issues affecting migrants.
- It should be recognised in policy making that the migrant communities do not always stand in isolation. Migrants from different countries tend to mix, for instance, Estonians will attend German club and speak German. However, this does not apply to all groups.

Lutheran Ladies Guild

- Provide additional services in the home especially for high-up cleaning and lifting. The service should be more than one a fortnight and for longer duration.
- Provide additional services in wood-stacking, gardening and home-handyman.
- Provide services for people to feel more safe and secure in moving about in the community e.g. non-slip mats in public areas.
- Ensure that service providers have training in issues affecting migrants especially post-war trauma and language attrition.
- Arrange for service people coming to private homes to ensure that the person being called upon is contacted in advance and understands the reason for the visit.
- Bring information on ageing and services further into the community e.g. into churches and to individuals.
- Arrange for more one-to-one contact with ageing people by Social Workers who have a general role to assess how people are coping.

- Do not rely on brochures to disseminate information about services.
- Government and official communication could be written much more simply.
- Consider changing the name of Carelink so that it is not confused with Centrelink.
- Implement a list of volunteers who can assist with language interpretation in an informal way.

A.5 Mixed Group – Launceston Estonian, Dutch, Hungarian and German

General

In Launceston, there had been a conscious decision not to provide migrant care through the municipalities but to focus on non-government organizations. The members of the group were of the opinion that migrants in the north of the State benefit from the centralised nature of the services. Community Care NESB and the Good Neighbour Council are both visible and known to be contactable by migrants on a wide range of matters. These groups function as focal points for ‘keeping an eye’ on the older members of the community.

Language

Members reported that:

- generally there is varying capability with the English language among older people. Even where a person has sound language skills, help may still be needed to ensure there is complete understanding of concepts;
- all migrants revert to their original languages. This occurs to varying degrees and under various circumstances but it is something to be taken into account by Government and by service providers.
- People will revert to their own language in times of trauma and stress at any age but particularly when they are older. For instance, when people are coming out of anaesthetic there are many reported incidences of their speaking in their own language for some hours afterwards.
- The use of interpreters requires greater attention. When migrants require an interpreter, too often a ‘makeshift’ solution is made. Some doctors, for example, avoid using the Translation and Interpreting Service (TIS) and call in a bystander who happens to speak the required language. This can compromise people’s privacy. TIS is a free service for doctors and should be more widely used.
- Service providers do not always know which language is being spoken. In one instance, a Russian person was called upon to interpret for someone who was speaking Estonian.
- Many people need specialist interpreters for legal, financial and health matters. In other States, there are interpreters who have background also, in say, the law. In Tasmania, migrants do not have access to such services and this creates many problems.

Generally there is insufficient understanding among Government, service providers and the general community about Guardianship. The concepts of Guardianship require more awareness and understanding. Ramifications of Guardianship for health care needs to be examined.

Culture

Members pointed out that needs for migrant aged care are changing now and will continue to change in coming years. The children of migrants have adapted to Australian culture and will experience few problems integrating the culture they grew up with into Australian ways. The issues faced by the ageing parents will be different to those that will be dealt with by the now fifty-year old daughter.

The culture of migrants generally is strongly resistant to receiving assistance, especially from the Government. Migrants are strongly committed to caring for one another and especially rely on sons and daughters to care for those who are ageing.

The health system tends to categorise migrants as mainstream Australian. There needs to be widespread cultural training for anyone involved with migrants. There are numerous small but significant issues that arise. For instance, there can be strong cultural preference about the sex of a carer. A Muslim woman, for example, cannot receive care from a man. Approaches to maintaining good health can also be different. For example, some cultures believe that regular saunas are an important part of a good health regime.

Food is a very important part of migrant health and well-being. Older people especially find it very difficult to eat the food that is not familiar to them. Meals on Wheels is not 'ethno-sensitive' and is often an inappropriate service for migrants.

Gender Issues

Elderly migrant communities, including those from post World War II, are largely patriarchal. Women have not taken part in financial management and other matters. When a husband dies, women may need extra assistance to take care of the matters that her partner had dealt with.

On the other hand, men 'often need more care' because they are not able to deal with basic domestic tasks such as cooking.

Women admit to being frightened at night and this is especially difficult when they have reverted to their original language. However, men may be equally distressed in the evenings.

Both men and women are committed to staying in their own home for as long as possible. For migrants especially, their home is often something that they have built themselves and it represents positive culmination of the trauma and difficulty they faced re-locating to a new country.

World War II

Many older migrants experience depression, sleeplessness and other symptoms as a result of post-war distress. Feelings of fear and stress return with age. This may be manifested in unusual behaviour, for instance, fanaticism on certain issues or obsessive cleanliness. Symptoms of post-traumatic stress syndrome include nightmares and panic attacks, avoidance behaviour, hyper-arousal with unusual startle responses, psychosomatic illnesses, aggressiveness, clinging behaviour, masochistic life patterns, chronic anxiety, alcohol/drug dependence, sadness and depression or rigid religiousness.

It can be very difficult to realise that symptoms and behaviours are the result of war experiences. Close family may have difficulty in detecting this and it is especially difficult for doctors, health care staff and others.

Some older migrants are considering return to the country of origin because they cannot face the prospect of entering a nursing home. One member reported that Swedish and Estonian migrants are drawn by the more satisfactory nursing homes in their original countries.

Finances

Some migrants are coping with financial issues that are not typical of other Australians and which are not recognised. A migrant family may appear to be coping financially but in fact may be dealing with a number of outlays.

There are older people who continue to send money and ‘parcels’ home to family and others in their country of origin or family in other countries. In addition, migrants are more likely to have suffered financial disadvantage in early life and to have endured periods of unemployment.

Many older migrants also spend money telephoning friends and family overseas.

Financial difficulties can be just as acute for self-funded retirees as for pensioners. A self-funded retiree does not necessarily have the money to meet the many health and care expenses required.

A.5.1. Summary of recommendations from mixed group consultation

The recommendations arising from the group’s discussion are general. Community Care NESB has already implemented many of the specific actions. The group’s advice is for migrant care generally among HACC service providers but also for those indirectly connected with HACC matters such as, say, GPs.

- Increased cultural awareness training across a wide spectrum of people planning and implementing health programs for migrants;
- More appropriate use could be made of the formal Translating and Interpreting Service (TIS);
- Training for health workers to understand language attrition;
- Training for health workers to understand war trauma and its effects;
- Much more focus on understanding and addressing the loneliness of older migrants;
- Provision of care and means of security for migrants at night.

A.6. The Greek Community

General

The Hellenic Association are elected community representatives who are the umbrella group for the Greek community in Hobart. The community has built and owns the Greek Club, a school and a Church in Hobart.

Of the 48 people taking part in the consultation, 11 were HACC consumers. The remainder were potential consumers and carers.

The Greek community in Hobart has a rich and vibrant cultural tradition. The community is close-knit and the numbers interviewed and their age groupings reflect the statistical evidence that they will soon be a community with a high proportion of older people.

The Greek people differ from other migrant communities consulted in that their arrival in Tasmania tended to be later. This is partly attributed to migration policy in Australia. None of the people consulted arrived during the 1940s; some arrived in the 1950s but the greatest proportion migrated in the 1960s. People in the consultation group reported that they migrated to escape the aftermath of war and the accompanying starvation and poverty. They sought a more positive future in Australia. Men in particular sought work as their families could not survive in Greece. People cited political instability also as a determinant for leaving their homeland.

Services

There are increasing numbers of older Greek people needing care and help, but at the same time, the volunteers who have provided support for so long are themselves ageing. For example, the luncheon at the Greek Club is an important service for the community but the 10 to 15 volunteers who make it possible are all in their seventies.

The people taking part in maintaining the community are now retirees where previously they were business and professional people who were able to donate finances and resources.

The Hellenic Association visits people who are not well, delivers meals, provides transport and other services.

The Association organises the Greek Festival in Hobart and other excursions and events for older people. All activities are open to the broader community.

There are many reported instances of loneliness and social isolation. People who used to be able to speak English are losing their ability with this language. The older people need to feel that they have fellow countrymen to be with and to help care for them. They need a community base that they know is their own. There are a lot more women than men who are ageing and who are alone. Families help to look after people but they too need help.

Some women in the group reported that although they would prefer to remain in their own homes, they were not averse to the idea of moving to a village where they could be with other Greeks and be helped by the members of the community, as well as provide support for ageing friends and family in need.

Language

Among the people consulted there was a high need for interpreters to assist with both language and with interpretation of health concepts. Some people reported a sense of being 'stifled' because they could not communicate their needs or understand the language of the health system. It was considered that there is a 'huge' language barrier for older Greek people in our community.

A number of people reported that they, or the older members of the community, are experiencing language attrition. It becomes much more difficult to maintain English as they age.

A.6.1 Summary of recommendations from Greek community consultation

The community needs:

- a dedicated, community-based Welfare Officer to help to care for the older people and also to help families who have older relatives to look after;
- a bus to help transport people to church, lunches and on excursions.
- bilingual workers so that needs and requests are fully understood;
- assurance that the Greek Club would continue to be a place where people can come together to socialise and to share language and culture and also to disseminate information;
- eligibility to government assistance in situations where people are asset rich but cash poor;
- information about who to approach to raise HACC matters.

A.7 The Italian Community

General

The members of the Italian Association committee comprise six people ranging in age from 60 to 79. The community has a day centre and access to a hall for providing meals to Italian migrants.

In the community, there is a strong sense of pride and independence and a desire among older people not to be cared for by people they do not know. There are many volunteers within the community itself and they help with a wide range of services including general care and support, preparing and delivering meals, providing meals in the day centre and providing transport.

The members of the Committee are concerned that the volunteers who are depended on are themselves ageing and increasingly in need of care and support. The Committee expressed the view that the Government is relying too much on the free service of volunteers and that although people are reimbursed for costs if they require it, voluntary help is taken too much for granted.

Services

It was felt that there are not enough services and that a lot of the services provided are not provided long enough. For example, people may have assistance for one hour to do shopping and banking. This places a lot of stress on older people who find it difficult to be in queues or to have to move quickly.

Many older people will only be able to stay at home if help is provided with gardening. It is too expensive for people to buy help privately.

The older people need flexibility. For instance, the Meals on Wheels service has meals ready at 12 noon which means food is delivered up to an hour later. There needs to be different ways to deliver food. Some people may want lunch, some dinner, some want food that will last over more than one meal.

The families of older people are finding it very hard to do the caring. Most of them have work and family commitments and are available only at weekends. Older people need care out of hours.

Many older people are isolated and lonely. The Italian Day Centre is appreciated as an important facility for older people in the community. It is housed in a small former suburban home with an activities area and a kitchen. From the kitchen, 3 meals each week are prepared sometimes for up to 120 people. Some of these meals are delivered to peoples' homes at a small nominal cost. If people cannot afford to pay, the community finds a way to meet the expense.

Many people believe that the Government is trying to save money by having people live at home. There is also the view that the Government wants to get people into private health insurance.

A.7.1 Summary of recommendations from Italian community consultation

- Health personnel should visit day centres to truly understand how much is being done with so very little resource;
- there needs to be out-of-hours, flexible assistance for HACC clients as well as carers; and
- there is urgent need for improvement and extension of physical space in the Italian Day Centre.

APPENDIX B: ALL QUESTIONNAIRE RESPONSES

Consultations: Summary of Community, Individual Interviews and Focus Groups

Mixed Group 1: Total 8: Estonia (1), Netherlands (4); Hungary (1); Germany (3)

Mixed Group 2: Total 27 people: Italy (5); Estonia (2); Germany (4); Latvia (1); Poland (6); Finland (1); Mexico (1); Greece (1); Netherlands (3); Lithuania (2); France (1)

Mixed Group 3: Total 10: Croatia (4); Ukraine (1); Germany (1); Poland (3); former Czechoslovakia (1)

QUESTION 1:

WHAT ARE THE BEST WAYS FOR YOU TO BE ASSISTED TO LEAD A COMFORTABLE LIFE?

Response	Number of Responses with Country of Origin
There needs to be attention paid to the whole cultural difference because the very idea of help is seen as shameful and a stigma.	6 Poland
Many people are very, very lonely and isolated at home.	12 Germany
Assistance out of hours.	11 Italy
I need to be able to do volunteer work and keep my mind active.	1 Estonia
Bring down the cost of living or increase pension.	27 Mixed Group 2
We need more care in the community, not just at home.	12 Germany
We need to feel secure when we go out.	12 Germany
We need our finances to be 'sorted out'.	1 Germany
I need guidance with finances and the law.	1 Germany
Migrants need ethno-specific food.	4 Germany
We need much more information about what is available.	4 Germany
Polish people generally have no idea what 'HACC' is.	6 Poland.
Even people who are receiving HACC services do not understand that they are HACC clients.	1 Estonia
Transport needs to be reliable and cheap.	11 Italy

APPENDIX B

QUESTION 2:

WHAT HACC SERVICES ARE YOU RECEIVING?

Response	Number of Responses with Country of Origin
Southern Cross carer comes one each day: does domestic work, cooks, cleans.	1 Italy
1 hour per day	1 Italy; 1 Netherlands
1 hour per fortnight	1Estonia;1Netherlands;
Vacuum cleaning once per month.	1 Greece
Half price taxis.	1 Netherlands 1 Estonia
Day centre; shopping; transport; personal care; home help; cleaning; meals; gardening	27 Mixed Group 2
Cooking, cleaning/housework, gardening	11 Italy
I am supported by family and friends.	1 Netherlands
None.	2 Estonia
None. But in touch with Italian Centre.	1 Italy
None. Daughter helps with cleaning and shopping. Maintenance provided to the flat.	1 Italy

APPENDIX B

QUESTION 3:

IS THERE ANY KIND OF HELP YOU NEED, OR NEED MORE OF THAN YOU GET PRESENTLY? IF SO, WHAT KIND OF HELP IS IT?

Response	Number of Responses with Country of Origin
I need help in the evening and security.	3 Italy; 1 Estonia;
I need help at the weekend.	3 Italy
More help is needed to do difficult cleaning especially in high-up areas.	12 Germany; 1 Estonia; 1 Netherlands
Need help with cleaning bathroom, fridge and stove. Cleaning should be done 'properly'.	1 Italy
We need to be more secure in public places. The floors in shopping centres are slippery so older people do not go there. There should be slip mats.	12 Germany
Wood stacking	3 Germany
Home Handyman	4 Germany
Gardening	3 Germany; 1 Poland; 2 Italy
Domestic home help	1 Poland
Window washing; digging; cleaning outside areas	1 Greek
Window cleaning	2 Italy
More transport especially door to door, including shopper bus with helper and recreational transport; access to services; spring cleaning and cleaning in high-up areas; gardening; more hours of general cleaning; more visitors and company; more day centre days; more emergency on-call help.	27 Mixed Group 2
More efficient transport – taxis don't respond to calls or don't turn up. Special wheelchair taxis are too expensive.	1 Italy
Taxi drivers are rude at times.	2 Italy
Do not want help from Government.	3 Netherlands

APPENDIX B

QUESTION 4:

WHAT CHANGES TO THE AMOUNT OR TYPE OF HELP YOU RECEIVE WOULD ALLOW YOU TO STAY COMFORTABLY IN YOUR HOME FOR LONGER?

Response	Number of Responses with Country of Origin
I need to know a lot more about what services there are.	1 Estonia
Help in the evenings, during the night and at weekends.	12 Italy; 1 Netherlands
Gardening is the critical issue. We can manage the domestic tasks but it is not being able to look after the garden which could eventually cause us to leave our home.	7 Estonia; 11 Italy
Better compatibility between carer and consumer.	11 Italy
We need more cleaning and cooking and a handyperson to do odd jobs.	11 Italy
Extra hour per week of domestic cleaning.	1 Netherlands
Showering chair; domestic home help.	1 Poland
I will need assistance with grocery shopping in the future.	1 Poland
I like visitors and going to clubs. But I do not want 'sticky-nose' visitors.	1 Italy
More help around the house. Help with going out but difficult with wheelchair and on oxygen. Help with getting changed in the mornings. Would like a visitor now and then. Friends have died. (Son and neighbour help with cooking.)	1 Italy
I would like maintenance services to be quicker.	1 Italy.
Taxi concessions are still very expensive, especially weekends. Travel by bus but difficult at weekends.	1 Italy
Do not see a future need. Children help with high-up cleaning, shopping.	1 Italy

APPENDIX B

QUESTION 5:

HOW WOULD YOU GO ABOUT ARRANGING SERVICES FOR YOURSELF IF YOU NEEDED THEM, OR CHANGING EXISTING SERVICES?

Response	Number of Responses with Country of Origin
Ask friends or family.	1 Italy; 16 Germany; 4 Netherlands; 1 Estonia;
I do not know of anyone to get in touch with in the Government.	12 Germany
I do not know what Centrecare is. Is it Centrelink?	12 Germany
I never read brochures even if they are translated into my language.	6 Germany
Nobody knows how to make contact with services. Nobody knows what Carelink is.	6 Poland
Go to Migrant Resource Centre or Department of Health and Human Services.	1 Netherlands
I would contact GP, District Nurses, or Carers Association	1 Germany
I would contact HACC personnel.	1 Germany
I would contact Polish Welfare Office, Migrant Resource Centre or Polish Senior Citizens.	1 Poland
I go to the Italian Centre.	1 Italy
Usually asks nephew for help.	1 Italy
Would ask daughter.	1 Italy

APPENDIX B

QUESTION 6:

DOES YOUR LANGUAGE HAVE AN EFFECT ON HOW YOU GET THE HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of Responses with Country of Origin
Ageing leads to people reverting to their original language.	6 Poland; 12 Germany
All migrants revert to their original languages and Government should know this.	Mixed group 1: Dutch; Estonian; German
People revert to their own language in times of stress and when coming out of anaesthetic.	Mixed group 1: Dutch; Estonian; German
It is not necessary for there to be dementia or other psychologically related diagnoses for people to begin to go back to their own language.	6 Poland.
Language is a huge barrier. There are many barriers created by not being able to speak English.	1 Netherlands
As I get older, speaking English is a strain and it makes one frustrated.	1 Italy
I am fit, healthy and active but I am losing my ability with English language.	1 Netherlands
I have no problem; I speak Greek, Italian, German	1 Greek
German people seem to have fewer problems than other migrants in keeping their English as they get older.	12 Germany
Estonian people do not have language reversion in the way that other migrants do.	8 Estonia
Hungarian migrants generally have excellent English.	7 Hungary
It is not the language we find difficult; it is the concepts. Many of the ideas do not translate easily into a word in our language.	6 Poland
There is great variation of language capability but even for those who speak good English, interpretation of concepts is important.	7 Hungary
There would be fewer problems with language if the English were clearer and more simply written.	12 Germany
People do not use interpreters in Tasmania because the community is small and it would mean little privacy.	6 Poland

APPENDIX B

QUESTION 6 CONTINUED:

DOES YOUR LANGUAGE HAVE AN EFFECT ON HOW YOU GET THE HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of Responses with Country of Origin
Hungarians rely on one another for interpretation and explanations if English is complex	1 German
Using the telephone is very difficult. It is impossible to understand the 'touch 1' system	1 Italy
Daughter comes to doctor to help with translation. Language problems are the biggest issue: would prefer family to help because of trust. Needs interpreter with paperwork.	1 German

APPENDIX B

QUESTION 7:

DO YOUR ETHNIC BACKGROUND, YOUR CUSTOMS OR YOUR BELIEFS, HAVE AN EFFECT ON HOW YOU GET HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of Responses with Country of Origin
Migrants are very, very proud. Their culture dictates that they should not ask for help.	6 Poland; 1 Estonia; Mixed Group 1; 1 Netherlands;
Health issues are usually hidden and private so help would not be sought.	6 Germany
There is cultural attrition just as there is language attrition. People revert to ideas and customs of their very early years.	12 Germany
People who have eaten Australian food for many years will suddenly want to eat the food of their original country.	12 Germany
I am very afraid to 'speak up' and to ask for help. I think I will be punished. Many migrants I know are like that.	1 undisclosed
Men and women have different issues to deal with.	Mixed Group 1: Dutch; Estonian; Germany
<i>War Trauma and Settlement Experience</i> A lot of people who came to Tasmania in the 1940's and 1950's have very bad memories of World War II.	12 Germany; 6 Poland; Mixed Group 1
A lot of people, especially men, have reverted to war memories and have problems with sleeplessness and skin rashes. People suffer 'flashbacks' when there is media coverage of disasters.	12 Germany; 6 Poland; Mixed Group 1; 12 Germany; 6 Poland
People may suffer from bad experiences during settlement in Australia. This means they are still reticent about asking for services from the Government.	6 Poland; 1 Hungary
There is nothing that can be done about trauma. But people who look after older migrants have to know about it	6 Poland

APPENDIX B

QUESTION 7 CONTINUED

DO YOUR ETHNIC BACKGROUND, YOUR CUSTOMS OR YOUR BELIEFS, HAVE AN EFFECT ON HOW YOU GET HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of Responses with Country of Origin
The trauma of the war should be 'brought out into the open'. There should be more communication about it.	7 Poland
<i>Economic and Financial</i> Migrants are coping with finance issues that are not typical of other people. They send money and packages home to family and friends who need help and have large phone bills keeping contact with people in Europe.	Mixed group 1
Self-funded retirees have financial problems as much as pensioners.	Mixed group 1; 1 Germany
I get help through the Italian Club.	1 Italy
Have heard of people losing their English. Does not affect me. I have Australian friends.	1 Germany
Family and friends help with changing light bulbs, with bill paying and shopping.	1 Italy

APPENDIX B

QUESTION 8: OTHER COMMENTS

Response	Number of Responses with Country of Origin
I need to be able to go on trips to cemeteries outside Hobart.	Mixed Group 3: 1 person
Living alone without family is very hard.	5 Mixed Group 3
We need more recreational activities and physical company is needed for completely isolated people.	5 Mixed Group 3
One place where I had respite was not very good at all. It was not clean, there were no responses to the bell, there were no towels and I did not often have a shower.	1 Italy
Care is very good after people come out of the Royal Hobart Hospital.	3 Germany
There should be more contact that is personal when people are looking for information and advice.	12 Germany
Consider changing the name of Carelink so that it is not confused with Centrelink.	12 Germany
I needed help with emotional issues when my mother died. No one could help me with that.	1 undisclosed
My son does not know about my war experiences.	1 undisclosed
We need to have a list of bi-lingual service providers and carers.	4 Germany
We should look at services on Mainland where interpreters have specialist backgrounds e.g. law and health. It is not much use having an interpreter in specialist matters like law and health if that person does not also have special knowledge in those areas.	4 Germany
Everyone should be aware that cultures interact a lot. For example, Germans mix with Estonians, some Dutch, and with Australians generally.	4 Germany
I worry about forgetting things.	1 Greece
Came back to Australia because it was easier to get assistance here. More help in Australia.	1 Italy
I speak to my children in German but they reply in English.	1 German
I go to Mission Centre for afternoon tea and lunch sometimes.	1 German

APPENDIX C: CARERS' RESPONSES

Consultations: Carers

QUESTION 1:

WHAT ARE THE BEST WAYS FOR YOU TO BE ASSISTED TO LEAD A COMFORTABLE LIFE?

Response	Number of responses with country of origin
I am not a carer. I am her son. In our culture, sons and daughters look after their parents – it is not like in Australia.	1 Italy
By having someone 'take over' some of the things I do e.g. shopping. Preferably only by a Polish speaking person as mother speaks very limited English.	1 Poland
Having appropriate people visit mother as she lives out of town.	1 Poland
Information about services available.	1 Germany
The person I care for needs more services and help at weekends.	1 Italy
Carers may be able to cope with daily tasks but need more help with infrequent more burdensome domestic tasks.	1 Italy

QUESTION 2:

WHAT HACC SERVICES ARE YOU RECEIVING?

Response	Number of responses with country of origin
None	1 Italy
GACP currently is received.	1 Poland
The person I care for is receiving social support.	1 Germany
Used to receive domestic services but not receiving them now.	1 Italy

APPENDIX C:**QUESTION 3:**

IS THERE ANY KIND OF HELP YOU NEED, OR NEED MORE OF THAN YOU GET PRESENTLY? IF SO, WHAT KIND OF HELP IS IT?

Response	Number of responses with country of origin
I do not want Government help.	1 Italy
Sometimes, it is difficult to come to see Parent because I have other work and family responsibilities.	1 Germany
I am concerned about mother at night. She has fallen; she has not turned stove off.	1 Italy
No.	

QUESTION 4:

WHAT CHANGES TO THE AMOUNT OR TYPE OF HELP YOU RECEIVE WOULD ALLOW YOU TO STAY COMFORTABLY IN YOUR HOME FOR LONGER?

Response	Number of responses with country of origin
Families need peace of mind about their parents.	1 Italy
It would be much easier if the services – the domestic services and the respite and other things – were integrated.	1 Poland
We need better care between home and nursing home.	1 Germany
I shall always be the “carer” – cost does not come into it.	1 Italy
No change needed.	
Carers need a number for night-time emergencies or sicknesses.	

APPENDIX C:

QUESTION 5:

HOW WOULD YOU GO ABOUT ARRANGING SERVICES FOR YOURSELF IF YOU NEEDED THEM, OR CHANGING EXISTING SERVICES?

Response	Number of responses with country of origin
Speak to Italian Day Centre.	1 Italy
Do not need any change.	1 Germany

QUESTION 6:

DOES YOUR LANGUAGE HAVE AN EFFECT ON HOW YOU GET THE HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of responses with country of origin
Getting help from Government is 'not on'. We are proud.	1 Italy
We will not use nursing homes.	12 Germany
Sons and daughters and other family members find it difficult if parents revert to their original language.	1 Poland
Language affects my mother because her English is very limited.	
My English is very good. I am able to arrange things myself.	1 Germany

APPENDIX C:

QUESTION 7:

DO YOUR ETHNIC BACKGROUND, YOUR CUSTOMS OR YOUR BELIEFS, HAVE AN EFFECT ON HOW YOU GET HACC SERVICES YOU FEEL YOU NEED. IF SO, IN WHAT WAYS?

Response	Number of responses with country of origin
Parent needs people to talk with.	1 Italy
Parent needs ways to answer phone without getting up.	1 Italy
The financial arrangements need looking out. We were charged \$385 for respite care which we had booked but we could not take up because parent had to go to hospital.	1 Italy
Sons and daughters and other members of family can be distressed when parents begin to talk about the War as they get older.	12 Germany
I don't believe so. However, my mother is extremely proud and still feels like she needs to be in control. This makes it difficult to accept the fact that she needs any help at all.	1 Poland
The person I care for receives services from an ethno-specific service. The service provides social support in a sensitive way with staff that speak the language of the person I care for.	1 Germany

QUESTION 8:

OTHER COMMENTS

Response	Number of responses with country of origin
Encouraging people to ask for services in the first place is an issue. Many people perceive that they do not need help but do not acknowledge how much they rely on their families.	1 Italy