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**SPEECH NOTES FOR MR HIEU VAN LE
CHAIRMAN — S A M E A C**

**Event: SA Gerontology Conference,
Ageing – A Changing Paradigm – in whose hands?**

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No acknowledgments necessary.

SPEECH NOTES

One of the key roles of the South Australian Multicultural and Ethnic Affairs Commission is to advise the Government and public authorities on the extent to which services and programs meet the needs of people of culturally and linguistically diverse backgrounds.

To keep ethnic communities involved in government decision making the Commission has been undertaking regular public community consultations, and consultations targeting specific community groups.

A consistent theme emerging from these community consultations is that the provision of culturally and linguistically appropriate aged care is a major issue of concern.

The Commission is aware that many service providers and community organisations have been proactive for some time in the area of multicultural aged care, but there is still more to be done.

Today I would like to talk about ways in which service providers can build their capacity to respond to this growing demand in multicultural aged care.

I will begin with an overview of the demographics of South Australia's ageing ethnic communities.

Multicultural aged care is particularly an issue for those South Australians who arrived in Australia in the 40s, 50s and 60s.

South Australia has the greatest proportion of people aged over 65 years in Australia, and this figure is likely to significantly increase over the next 10 years.

At present, one in four of our older culturally and linguistically diverse population is aged 80 years and over.

It is estimated that by 2016 this figure will increase to 1 in 3 being aged 80 years and over.

It is expected that the 80+ cohort of Southern Europeans, largely born in Italy, Greece and Malta, will peak in 2016, when it is estimated they will comprise almost half of the total over-80 multicultural population.

On the other hand, it is predicted that the 80+ Eastern European population, mainly born in Poland, Croatia, Former Yugoslavia, Ukraine, former Czechoslovakia, Serbia and Montenegro, will decline as a proportion of the total 80+ multicultural population from about 25% in 2006 to 12% in 2026.

The Western European born 80+ population, mainly born in Germany, Netherlands and Austria, is set to increase from just under two and half thousand in 2006 to almost 4000 in 2026.

The East Asia born 80+ population, largely from Vietnam, China, Philippines, Malaysia and Cambodia, will triple in size from approximately 700 people in 2006 to about 2200 in 2026. Vietnam is the biggest of these groups.

So for service planning and delivery purposes the most salient feature of these statistics is that the older European communities will continue to comprise the majority of the elderly culturally diverse population until at least 2026.

Meanwhile, service providers will also need to prepare for an increasing cohort of the elderly population in East Asian communities.

We also need to begin working now with the rapidly growing over 60 segment of the population to ensure they are connected to their communities and involved in programs and activities and can go on living the lifestyle they want to live.

I would like to take this opportunity to emphasise how important it is that funding ear-marked for culturally and linguistically diverse clients reaches the communities it is intended for in an efficient and effective manner.

One way to ensure this is to direct funding to ethnic community organisations themselves who understand the needs of their members better than anyone and are often best equipped to deliver culturally appropriate support services.

I am pleased that the Office for the Ageing is promoting links between ethnic community groups and mainstream service providers to ensure that people can access Home and Community Care services through their community connections.

Communities that have received HACC funding in recent years include the Cambodian, Chinese, Croatian, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Serbian, Vietnamese, Dutch and Ukrainian communities.

There are also a number of ethno-specific residential aged care facilities in South Australia, such as:

the Ridleyton Greek Home for the Aged of the Greek Orthodox Community;
the Italian Village and Domus Operosa of the Italian Benevolent Foundation;
facilities run by the Society of St Hilarion with priority for Italian, Ukrainian and Croatian communities;
Regency Green Multicultural Aged Care; and
Baltic Communities Home.

A significant benefit of ethno-specific facilities is that the people in care can interact and draw support from people from their own cultural background, sharing similar beliefs and interests.

While such facilities have many advantages, particularly for large community groups in areas where there is sufficient demand, there will always be a requirement for mainstream service providers in the delivery of multicultural aged care.

So how can service providers improve the delivery of culturally and linguistically appropriate services? Evidently ethno-specific service providers have a head start in doing this, but they should still not overlook the need to pay close attention to these matters.

In planning their programs and services providers need to research the demographics of their client base.

Birthplace is only one of the variables that needs to be considered when identifying clientele of culturally and linguistically diverse backgrounds.

This information should be used in conjunction with language spoken at home, religious affiliation and proficiency in English.

If service delivery is targeted at a specific local service area, the cultural and linguistic diversity of that particular geographic region needs to be taken into account.

Language and communication is perhaps the most significant issue faced by older people of non-English speaking background and there are a number of reasons for this.

Migrants coming into the community in the 50s and 60s were arriving in an assimilationist era in Australia when there was little in the way of language support services.

While those people in the workforce gained a working knowledge of English, home-carers had limited opportunity of gaining English language proficiency.

Even for those who did assimilate and become proficient in English, research and experience has shown that people in old age often revert back to their mother tongues.

So when we use only English – and assume this is the natural or best way – many people are left in the dark.

They are denied access to services for which they are eligible.

They are excluded from full participation in society and the benefits available to others.

In short, they are being discriminated against.

Furthermore, an issue that has received much media attention of late is the abuse of vulnerable people in elderly care.

If someone in an aged-care facility or hospital cannot communicate with their carers, cannot convey their needs or the way they are feeling, is this not a type of both physical and psychological abuse?

A first priority is to have bilingual and bicultural staff to address these communication barriers.

Appropriate recruitment of bilingual staff with intercultural communication skills is fundamental to the planning and delivery of programs and services.

In most instances bilingual staff are essential in communicating and consulting with clients of culturally and linguistically diverse backgrounds.

Agencies must place real value on language and inter-cultural communication skills and include them in job selection criteria.

This means there is a need for additional specialist training to increase the supply of bilingual bicultural aged care staff.

Working with communities to set up visitor and volunteer schemes can help to communicate and build trust with clients and make people feel at home.

Service providers must be sure to use accredited translators and interpreters where necessary to communicate with their clients and translate information about their services and programs into community languages.

Multicultural SA's Interpreting and Translating Centre provides interpreting and translating services across South Australia 24 hours a day, 7 days a week.

Agency specific training sessions on working effectively with interpreters can be arranged with the Interpreting and Translating Centre free of charge.

Following language, another key issue is providing clients with culturally appropriate food.

This is a basic issue, however, one which comes up again and again.

Only the other week a Muslim colleague of mine complained that when she went to pick up her elderly mother from hospital she found a ham sandwich uneaten by her bedside.

You can imagine the frustration she felt, particularly as she had filled out the forms and ticked the relevant boxes indicating that her mother was not to eat pork.

This leads me to the need for staff to undergo cultural awareness training on an ongoing basis.

Staff should be aware of their own cultural values – some of which may not be obvious to them.

Staff need to have the ability to view behaviour and situations from more than one cultural perspective.

This training should be imbedded within organisational practice and should be mandatory for staff at all levels, including front of counter staff and also those involved in policy and planning.

Consultation with ethnic community groups and forming partnerships in the delivery of services is essential to ensure that policy and programs reflect the needs of culturally and linguistically diverse clientele.

Service providers also need to link in with advocacy groups and peak community organisations such as the Multicultural Communities Council.

The organisation Multicultural Aged Care plays a key role in working with service providers to improve the cultural appropriateness of care for older aged care residents of culturally and linguistically diverse backgrounds.

The South Australian Multicultural and Ethnic Affairs Commission and Multicultural SA are also available to assist with the provision of statistical information and community contacts, in addition to interpreting and translating services.

To conclude, elderly migrants have made significant contributions to the economic prosperity of South Australia, and in doing so, have paid their taxes like everyone else. They have a right to be treated with respect and given a fair go and made to feel at home when in need of care.

As Chairman of the South Australian Multicultural and Ethnic Affairs Commission, I look forward to working with you all to build on past achievements and strengthen the delivery of culturally and linguistically responsive aged care services.

Thank you very much for your attention.