

# ***CHINESE COMMUNITY ENGAGEMENT PROJECT***



***Northern  
Settlement  
Services Ltd***

# **Chinese Community Engagement Project**

## **Final Report**

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## ACRONYMS

ABS	Australian Bureau of Statistics
CALD	Culturally and Linguistically Diverse
CCAP	Community Care Access Point
DIAC	Department of Immigration and Citizenship
GP	General Practitioner
HACC	Home and Community Care
LGA	Local Government Area
MAP	Multicultural Access Project
NESB	Non-English Speaking Background
NSS	Northern Settlement Services Limited
PRC	People's Republic of China
TIS	Translating and Interpreting Services
WH&S	Workplace Health and Safety

**Definition of Chinese:** The term **Chinese** covers a diverse range of communities including those who come from the People's Republic of China (PRC), Hong Kong, Taiwan and countries with a high population of ethnic Chinese, for example Malaysia has an ethnic Chinese population of 24.6% (The 2010 Population and Housing Census of Malaysia) and Singapore which has an ethnic Chinese population of 74.2% (Singapore in Figures 2013).

Ancestral heritage is sometimes the only characteristic in common amongst the Chinese population from these countries while other factors, such as religion, cultural beliefs and practices may differ.

## EXECUTIVE SUMMARY

The Culturally and Linguistically Diverse (CALD) Service Capacity Review Project Action Plan for the Hunter Region 2009-2011 commissioned by Ageing, Disability and Home Care, Department of Human Services NSW recommended that research be conducted into the Home and Community Care (HACC) needs of the Chinese community in Newcastle. Possible explanations for the low number of older Chinese people using community support services in Newcastle include: fear of losing independence, "loss of 'face'" within the local community and wariness of government institutions.

Analysis of the needs of this local CALD community and relevant service providers was necessary to capture information on current and future support needs and issues surrounding service access prior to identifying strategies to increase service acceptance. Research and consultation needed to be undertaken with the Chinese community in order to develop strategies to increase their access to Commonwealth funded HACC services and to inform service planning/development in Newcastle and the Hunter.

The ABS Census 2011 indicates that there are 182 people aged over 65 years born in China (includes Hong Kong) predominately living in the Lower Hunter area, of these there are 35 people aged over 85 years. In addition to the above age cohorts there are 224 people from a Chinese background in the 55-64 age group residing in the Hunter Region (Table1). The majority of Chinese background people reside in Newcastle, Lake Macquarie, Maitland and Port Stephens (Appendix 1). Feedback from service providers indicate very low numbers of Chinese clients receiving community care support in the last 5 years.

**Table 1: Chinese population over 55 years old residing in Hunter region**

LGA	55-64yrs		65-84yrs		85yrs +	
	China	Hong Kong	China	Hong Kong	China	Hong Kong
<b>Newcastle</b>	66	30	33	12	16	-
<b>Lake Macquarie</b>	61	29	44	11	10	3
<b>Port Stephens</b>	7	-	11	4	3	-
<b>Maitland</b>	16	9	17	3	3	-
<b>Cessnock</b>	3	-	3	-	-	-
<b>Dungog</b>	-	-	-	-	-	-
<b>Singleton</b>	-	-	3	-	-	-
<b>Muswellbrook</b>	-	-	6	-	-	-
<b>Upper Hunter</b>	3	-	-	-	-	-
<b>TOTAL</b>	156	68	117	30	32	3



The purpose of the Chinese Community Engagement Project (The Project) was to assess the community care support needs of older Chinese people in Newcastle and develop strategies to improve their access to culturally competent HACC services. Past attempts to engage with this target group have been limited and not resulted in any long term successful and sustained outcomes in relation to increased access to community care services, particularly early intervention/low level support such as Commonwealth funded Home and Community Care services.

In order to engage effectively with older members of the Chinese community it was necessary to contract both Mandarin and Cantonese speaking staff. The success of this research project lies with the committed Project Officers who were able to undertake the consultation in a culturally appropriate manner and elicit the information required to develop the recommendations and suggested strategies (page 14 - 16) contained in this report.

## **MAJOR FINDINGS**

- Lack of information
- Language barriers
- Confusion with service provider systems and procedures
- Cost considerations
- Transport
- Domestic assistance, meals and other food services
- Bilingual community care workers and carers
- Fear of losing independence
- Cultural beliefs

## **RECOMMENDATIONS**

**The following** six major recommendations are based on the findings from this study and are detailed more fully with suggested strategies and responsibility area/s (see page 14 - 16) on how the sector could achieve positive outcomes for the target group.

### **RECOMMENDATION 1 (Accessing Community Support Services)**

The Multicultural Access Project (MAP) Hunter in partnership with key stakeholders such as the Community Care Access Point Refinement Team, develop local

strategies to engage with the Chinese community and individuals to increase their awareness and understanding of community care services.

**RECOMMENDATION 2 (Assessment)**

Commonwealth Home and Community Care Program services, Community Care Access Point and Community Options ensure that they provide access to a Chinese culturally appropriate assessment process.

**RECOMMENDATION 3 (Social Support)**

Investigate and identify potential funding sources to establish a social support group for older Chinese people.

**RECOMMENDATION 4 (Carer Support)**

Improve *information* provided to carers and families of older Chinese people.

**RECOMMENDATION 5 (Culturally Competent Community Care Services)**

Community care services are provided equitably and culturally appropriate for Chinese clients and their carers.

**RECOMMENDATION 6 (How to Link Mainstream services with Local Chinese Community Groups)**

Mainstream services encouraged and assisted (through Multicultural Access Project Hunter) to develop and maintain links to local Chinese community leaders and existing community support networks.



## **1. RESEARCH FRAMEWORK AND METHODOLOGY**

The project commenced in March 2013 and information was gathered from May to September from two selective target groups. One group was Home and Community Care (HACC) service providers. The other group comprised Chinese seniors and their carers.

The project aimed to assess the community care support needs of older Chinese people in Newcastle and develop strategies to improve their access to culturally competent Home and Community Care (HACC) services.

The Project sought to:

- Explore possible explanations for the low number of older Chinese people using community support services in the Hunter region.
- Identify any potential barriers of access, including barriers at the service provider level.
- Document current and future support needs.
- Develop recommendations/strategies to improve access to community support services.

### **1.1 The Study**

#### **Service providers**

A questionnaire was designed using the on-line tool Survey Monkey (Appendix 2) comprising closed and open ended questions and comment/feedback fields to elicit data. The survey was forwarded by email to Commonwealth funded Home and Community Care services across the Hunter region targeting executive officers, managers and community workers by the Newcastle/Lake Macquarie and Hunter HACC Development officers. Based on the responses received a further telephone interview with survey respondents was conducted by the project officer using the key stakeholders consultation questions (Appendix 3). There were seven completed surveys from different organisations returned. From these, six people went through telephone interviews and two people gave their feedback by email.

#### **Focus groups/Individual interviews**

A questionnaire and participant consent form was created and trialled with several Chinese community leaders/members. From their feedback the questionnaire (Appendix 4) was amended and the participants' consent form (Appendix 5) translated into traditional Chinese prior to being used for the focus groups and individual interviews.

The project team facilitated one focus group with Chinese seniors. Initially it was anticipated that more focus groups would be consulted utilising the support of community leaders. However it was found that organising a focus group was quite a challenge when the project team approached seniors of the local Chinese community because of their work or family commitments. Therefore the project team interviewed 24 senior people for their backgrounds and opinions of community care services. Some were interviewed individually; some were interviewed together with their partners or their carers.

## **1.2 Demographic of Participants**

Participants also completed a brief survey (Appendix 6) designed to collect data on basic demographics, education and family support. A participant demographic review is highlighted in Table 2.

A total of 26 Chinese seniors and two carers participated in the focus group and individual interviews, which comprised 19 females and 9 males and of these 14 participants originated from China, 12 from Hong Kong and two from Taiwan. Participants were invited to participate in either a Cantonese or Mandarin language-focus group or individual interviews conducted in the participant's preferred language.

23 demographic surveys were completed by participants, some with the help of the project team. Table 2 provides a demographic background of the cohort of participants in the focus group and interviews. Table 2 demonstrates that more than half of these seniors were aged from 55-64 years (8.7%) and 65-74 years (47.8%); and less than half were aged 75 plus. The dominant language spoken at home was Cantonese. There were 21.7% people who could speak in Mandarin. Others spoke some Mandarin but lacked some fluency with comprehension. More than two-thirds of participants (69.6%) had lived in Australia for more than 21 years and more than half live with their children. More than four-fifths of participants have family living in Australia and the majority of participants (95.7%) were retired. There were more than half (56.5%) who had worked at cafes, restaurants or takeaway food services before they retired. Table 2 shows that more than two-thirds (69.5%) have an education equivalent to Secondary or Tertiary/University level.

Two-thirds of participants (69.6%) had income support i.e. a Commonwealth Aged Pension. There were only two people who were receiving a Carer Allowance, it is suggested that there could be more carers eligible to apply for Carers Allowance based on observation during the study. Some seniors undertook the caring role for their partners unaided. There were three participants of aged pension age who could not access any social security payments because they had arrived on a Contributory Parent (Migrant) Visa. Their sponsor must continue to help them settle in Australia by providing accommodation and financial assistance.



**Table 2 Demographic background of cohort participants in focus group and interviews**

	Participants	% of participants
<b>Age</b>		
55-64 years	2	8.7%
65-74 years	11	47.8%
75-84 years	4	17.4%
85 years or more	6	26.1%
<b>Country of birth</b>		
China	13	56.5%
Hong Kong	10	43.5%
Taiwan	0	0
<b>Language spoken at home</b>		
Mandarin	5	21.7%
Cantonese	20	87.0%
English	2	8.7%
<b>Years in Australia</b>		
0-5 years	3	13.0%
6-10 years	0	0
11-15 years	4	17.4%
16-20 years	0	0
21 years or more	16	69.6%
<b>Who do you reside with?</b>		
I live alone	3	13.0%
Partner only	8	34.8%
Partner and my children	4	17.4%
Others, please specify	8	34.8%
<b>Relatives in Australia</b>		
Yes	19	82.6%
No	4	17.4%
<b>Relatives live close?</b>		
Yes	15	65.2%
No	8	34.8%
<b>Highest level of education?</b>		
No Schooling completed	2	8.7%
Primary school (or equivalent)	5	21.7%
Secondary (or equivalent)	13	56.5%
University/ Tertiary	3	13.0%
Master degree or above	0	0
<b>Are you retired?</b>		
Yes	22	95.7%
No	1	4.3%
<b>Occupation before retired?</b>		
Hospitals	1	4.3%
Cafes, Restaurants and Takeaway Food Services	13	56.5%
School Education	2	8.7%
Tertiary Education	0	0
Architectural, Engineering and Technical Services	0	0
Others, please specify	7	30.4%
<b>Income support from Centrelink?</b>		
Age Pension	16	69.6%
Widow Allowance	0	0
Carer Payment	0	0
Carer Allowance	2	8.7%
Others, please specify	6	26.1%

## **2. PROJECT FINDINGS**

### **2.1 Lack of Information**

People interviewed didn't know about the community care services available to them, nor know how to access information about them. Although there were some who have listened to talks at the Newcastle and Hunter Valley Chinese Association, it seems that the information "goes in one ear and out the other" - possibly because they don't require it now, so they don't take it into consideration.

*"We normally had some information sessions about health topics. From my memory, the latest information session about community care services was held at Hunter Valley Chinese Association about four years ago." (A senior couple)*

*"Before we could find some brochures in Chinese at medical centre or GP clinic; now it is rarely to see." (A senior couple)*

### **2.2 Language Barriers**

Some people came to Australia a long time ago and they didn't have an opportunity to learn English. It is difficult for them because the information available is in English. They felt as though they couldn't find the service providers because of language barriers. There were only a few people who knew about the Translation and Interpreter Services (TIS 13 14 50). Some of them felt they were not confident to call this number.

*"We have gone to the information sessions before to listen. However, we haven't gone to the places that offer services. For example, they tell us about the place in Chinese, but the actual place doesn't have Chinese. So we can't find it." (A senior couple)*

*"All brochures we got from the letter box are in English. We could recognize some words like 'Centrelink or Medicare etc.' so we think it must be important. We have to ask some people good at English and Cantonese to explain to us. Sometimes we found it would be difficult so we just leave it. If they distribute brochures regarding Home and Community services in English, we would not get the information." (A senior couple)*

### **2.3 Confusion with the Service System and Procedures**

People did not know where they could get information regarding community care services because it was totally different in their own country. Most people got information by "word of mouth". If they felt it was too complicated and had to ask a



family member or friends to help them make a phone call or attend appointments they would not do it.

*"We need to get understanding/knowledge of community services. For example, if I wanted to catch a taxi. Because I don't know the taxi number, we can't a taxi to pick us up. Even if we can call, we can't communicate, so there is nothing we can do. But if I were in China, it would be so easy for us." (A senior couple)*

## **2.4 Cost Considerations**

Cost was a significant issue for some people especially those who came to Australia on a parent visa or a contributory parent visa as they were not eligible for certain social security payments (subject to waiting periods) and would have to rely on their retirement fund in their original country or their sponsors for their daily life needs. The cost of services in Australia is considerably higher than what they would pay in their country of birth e.g. domestic help. They would not consider services if they felt they were capable of doing it by themselves.

*"Compare to China it is too expensive to have somebody coming to your home to help with domestic tasks." (A senior couple)*

*"We do not know the community services available for us or not because we came to Australia on the Contributory Parent Visa. If we are eligible, we still want to know how much it would cost." (A migrant couple came on Contributory Parent Visa)*

## **2.5 Transport**

Transport to medical appointments was the top required service among the whole range of community care services. People who were capable of driving themselves now worried about when they would not be able to drive in the future. People who could not drive relied on their children or friends to drive them around all the time. They felt they have lost their own independence. The difficulty with medical appointments includes transport and language barriers - inconvenient public transport systems and medical jargon made them feel not confident to go by themselves. Some people chose to have a Chinese speaking General Practitioner (GP) or specialist in Sydney to visit.

*"I do not know how to drive, so my husband drives all the time. His GP did not allow him to drive during the night time since he lost one eye vision and one*

*ear hearing. I am quite concern about how could we go out if he is not capable to drive. ” (A senior couple)*

*“I rely on other people driving me. I am not capable of catching buses. If no one can take me, then I would just stay at home because I need to rely on other people to drive me.” (A senior gentleman)*

*“We moved to this house with my youngest daughter four months ago. We knew where to take the bus and go to see the doctor before. But now we occasionally saw the same route bus passed by but no idea where to take it and which direction is right. My husband had to see his GP in Newcastle and specialist in Sydney quite often due to his health condition. Every time my daughter had to take the day off to take us. We thought it would be much easier if we lived in Sydney.” (A migrant couple came on Contributory Parent Visa)*

## **2.6 Domestic Assistance**

Tasks such as vacuuming, mowing and gardening were often mentioned by the interviewees. The heavier domestic tasks which may require the need to climb up and down ladders e.g. cleaning windows, high cupboards and ceiling fans. Some of these requested heavier tasks may not be able to be completed by HACC services due to WH&S restrictions. There was a gap between interviewee's expectations and the realistic provision of domestic assistance available by service providers.

## **2.7 Meals and Other Food services**

Most of interviewees said they would not try “Meals and other food services” because Chinese food had different cooking style with Western food.

## **2.8 Bilingual Community Workers and Carers**

People who could not communicate in English said they would prefer to have Chinese speaking support staff/ carers coming to their home to provide services. Some people who are capable of communicating in basic English said they would be comfortable for someone of a non-Chinese background to come to their house to provide services.

*"Workers from culturally and linguistically diverse backgrounds are understanding in general of the differences in families. People with bilingual skills or bicultural knowledge are very good at adapting to 'difference' and different ways of doing things. They are used to straddling two cultures at the same time." Service Manager. (Finding a Rewarding Career in Community Care Services )*

## **2.9 Fear of Losing Independence**

*“The Australian-Chinese Family Reunion Agreement (1976) has meant increasing numbers of elderly parents migrated to join their adult children, and in particular, migrated to assist them with caring for grandchildren. (Beresic & Nesvadha 2008;Blignault et al., 2008)*



*"I came here to help my daughter's family. If I felt I am an extra burden to them I would go back to China. For example, I learnt English from TAFE after I came to Australia. My daughter or son-in-law gave me a lift in the morning. And I needed to wait at the library about three hours before they finished their work coming to pick me up. And I felt I was exhausted for three days a week so I gave up my English lessons" (A senior lady who came to Australia on a Contributory Parent Visa)*

In the most general terms, older people from CALD backgrounds fall into two quite different groups. Those who migrated as young people and have grown older in Australia and those who were already older when they arrived.

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

A lady who had waited for nearly 10 years for her migrant visa finally decided to go back to China because she felt she lost her independence since she came to Australia. She also felt extremely isolated.

*"Every time I went to see a doctor I needed to ask my only son's company. I did not know how to communicate with the doctor and also did not know how to go there. During the day time it was nothing I could do except went to the nearby shopping centre. There were not many people I could talk with. It would not be like this if I lived in my home town."*

## **2.10 Cultural Beliefs about Family Roles and Responsibilities**

In Chinese culture caring for an older person is seen as a family responsibility only. If this is relinquished this may result in feelings of betraying their filial responsibility. The whole family may feel a "loss of face" in the community.

Another possible reason could be the "pride" of these seniors which might cause them to feel "ashamed" to seek "outside help".

### **3. RECOMMENDATIONS/STRATEGIES**

#### **3.1 Improve Access to Community Care Services**

The Multicultural Access Project Hunter in partnership with key stakeholders such as the Community Care Access Point Refinement Team, develop local strategies to engage with the Chinese community and individuals to increase their awareness and understanding of community care services;

- By providing information on community care services in English and Chinese (traditional and simplified) with easy to understand language.
- Provide community care services information in Chinese (traditional and simplified) with English translation alongside through Chinese speaking GP surgeries.
- Utilise existing Chinese cultural events e.g. Chinese Spring Festival as an opportunity to raise awareness of Community Care services.

The resources, knowledge and expertise of the Community Care Access Point and Australia Nursing Home Foundation a member of Partners in Culturally Appropriate Care (PICAC) NSW could be drawn on in this process.

#### **3.2 Assessment**

Commonwealth Home and Community Care Program services, Community Care Access Point and Community Options ensure that they provide access to a Chinese culturally appropriate assessment process.

This would include:

- Ensure the assessment process includes a cultural assessment component appropriate to this target group.
- Staff being trained and competent in accessing and using the interpreting service.
- Provide a face to face assessment to Chinese speaking client rather than a phone assessment.

#### **3.3 Social Support**

Identify funding sources to establish a social support group for older Chinese people to:

- Reduce their isolation and lack of support because of language barriers.
- Reduce their isolation and lack of support through providing transport support.
- Build up confidence to approach the mainstream community care service providers in the future by providing information on these services.



Further suggestions for making services more client-centred and responsive to seniors from a Chinese background emerged during the consultations:

- Extending the **Community Visitor Scheme model** which operates in residential aged care to community care for Chinese clients with the involvement of bilingual or bicultural workers and volunteers.
- Australia Red Cross operates the **Telecross Service** which provides the elderly and housebound with a reassuring daily phone call to ensure that they are safe and well. Consultation with local Chinese community leaders could facilitate involvement of Chinese speaking volunteers in this service.
- Engage Chinese seniors with **Broadband for Seniors** - provide senior Australians, aged 50 years and over, with a friendly and secure environment to receive computer and Internet training with the involvement of Chinese speaking volunteer tutors.
- Help grandparents practice their English conversation skills for example conversing with volunteers when attending the Multicultural Playgroup or informal English conversation classes.

### **3.4 Carer Support**

Improve information provided to carers and families.

- To assist in dissemination of material, information to be provided in Chinese (simplified and traditional translations) with the English version alongside it. This will help understanding by younger family members and aid the translation of sometimes difficult and unfamiliar concepts.
- Organise a Chinese speaking carers' group and/or encourage Chinese speaking carers to join the NSS Multicultural Carers' Support Group;
- MAP Hunter in partnership with Educare Carer Support Service Hunter facilitate education sessions to "hidden carers" (those not accessing services) through collaboration with key stakeholders such as the Newcastle and Hunter Valley Chinese Association, Multicultural playgroups which include attending Grandparents as Carers, the Chinese Community Language School and Multicultural Health Liaison Officers.

### **3.5 Culturally Competent Community Care Services**

Community care services provide culturally competent services to Chinese clients by:

- Recruiting or brokering bilingual/bicultural workers, carers and volunteers to engage with Chinese clients.
- Providing training in cultural awareness and competency for service managers and support staff.

- Training service managers and support staff on how to work with clients through professional interpreters and translators.
- Direct care staff are provided with pictorial communication aids such as the "My Word Communication Aid Kit".
- Utilising available resources such as the *Bilingual Workers Resource "Finding a Rewarding Career in Community Care Services" – Motivating and supporting people from a culturally and linguistically diverse background to enter and remain in the community care services sector*. Copies available from [rasa.bajalis@nsservices.com.au](mailto:rasa.bajalis@nsservices.com.au) and The "Bilingual Community Care Workforce 2012" Research Report. For further information or a copy of this resource contact Joyce van Akkeren MAP Worker Bankstown Area Multicultural Network [swsmars@bamn.org.au](mailto:swsmars@bamn.org.au)

### **3.6 How to Link Main Stream Services to the Local Chinese Community Groups**

- Using strength-based approaches. Culture can be a source of great strength and joy for people as they age and can provide a foundation for positive ageing (Warburton, 2009).
- Encourage mainstream services (through use of MAP Hunter) to build upon existing connections and develop regular and updated contact for information sessions.
- Providing ongoing information e.g. Migrant Services Directory to the Chinese Community leaders for filtering through to the community members.
- Encourage engagement in partnerships with culturally appropriate and/or ethno-specific organisations e.g. Northern Settlement Services (NSS), Ethnic Communities Council and the local Chinese community groups.
- Translating and Interpreting Service (TIS) - MAP Hunter can provide informal information sessions to the members of the Chinese Community to promote and encourage using this service.

## **4. CONCLUSION**

This Project has not only succeeded in engaging effectively with older people from a Chinese background, in itself a significant achievement, it has also enabled NSS to become more cognizant of their perceptions and knowledge (or lack of) about community support services. This information will be crucial in guiding how services could be more inclusive of this target group in providing support to enhance their independence and well-being. It has been reported that the majority of older Chinese people in the Hunter currently enter the service system at a crisis point in their lives i.e. admission to hospital and/or residential care.



It is hoped that through the results of this research the issue of equitable access to community support services will be addressed and that the recommendations and suggested strategies adopted and implemented across the sector. In particular the Chinese community generally would be more informed on how to access help when needed and language difficulties overcome through a client centred approach and the use of interpreters and bilingual staff.

## **5. CURRENT PRACTICE**

Feedback from service providers has brought forth some useful strategies in providing information and services to Chinese clients such as:

- Coordinators having cross cultural competency skills and an awareness of cultural beliefs/traditions in different CALD communities.
- Mainstream service providers liaising with and getting advice on useful strategies from multicultural providers such as NSS and Newcastle and Hunter Region Ethnic Communities Council.
- Use of appropriate professional interpreters at initial assessment and at times of review.
- Asking a client to nominate a representative/advocate to speak on their behalf for simple ongoing communication.
- Translated materials e.g. brochures/service agreements/complaints brochures.
- Using a Cultural Assessment Tool - to identify any cultural traditions/preferences that might need to be included in a Care Plan (Appendix 7).
- Person centred approach- being willing to be flexible to meet individual needs/preferences - including preferences of using a Chinese worker or not.
- Starting very small - even though a person may have been assessed as needing help with several tasks of daily living - suggest to start with just one e.g. just heavier cleaning like vacuuming and then when they are used to that suggest adding other supports.
- Use bilingual workers if required and available - contact a range of different agencies to see if they have a Chinese speaking worker who could be brokered. If not available - some useful strategies used in past include:
- Provide a bilingual/pictorial communication aid e.g. "My Word Communication Aid Kit" to care workers.
- Complete a more detailed care plan to include client preferences on how they like things done e.g. it may be culturally appropriate that shoes are not worn inside the house. To respect this and comply with Workplace Health and Safety requirements provide shoe covers for attending staff.

- Use interpreters/ a nominated representative at the introduction/orientation of care workers to ensure the worker is aware of client's preferences.

In addition there are initiatives already happening in the field which services could consider using/ implementing where appropriate. Examples include:

- The Community Care Access Point Officers and Australia Nursing Home Foundation will conduct an information session on 3 December 2013 hosted by Newcastle and Hunter Valley Chinese Association at Islington.
- Offering a free trial period (one to two weeks) to a new client to enable them to become comfortable with the service and care staff. This is particularly helpful if the person comes from a country which does not provide support services for older people therefore many are not familiar with the concept of community support.
- Based on Recommendation 3 "*Investigate and identify potential funding sources to establish a social support group for older Chinese people*". NSS submitted an application to the 2013 Commonwealth HACC Funding Round to establish a Social Support Group for older Chinese people.
- A recent outcome from this study is that there are currently five Chinese seniors learning basic computer skills utilising the NEC - Broadband for Seniors Kiosk located at NSS with a Cantonese speaking volunteer tutor.



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## APPENDICES



## NEWCASTLE LGA\*

\*Former Yugoslav Republic of Macedonia

### Top 10 Languages spoken at home other than English (ABS)

Census 2011)

**Top 10 Languages spoken at home other than English (ABS Census 2011)**

Mandarin	924
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**Top 10 Languages spoken at home other than English (ABS Census 2011)**

Cantonese	159
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		Thai	48
<b>DUNGOG LGA ** **</b>			
Top 10 Overseas Born – NESB Birthplaces (ABS Census 2011)		Top 10 Languages spoken at home other than English (ABS Census 2011)	
Germany	28	German	16
Netherlands	13	French	7
Austria	9	Arabic	6
Indonesia	6	Italian	6
Italy	6	Mandarin	4
Malaysia	4	Tagalog	4
China	3	Croatian	3
France	3	Dutch	3
Lebanon	3	Indonesian	3
Poland	3	Other	3
Taiwan	3		

<b>CESSNOCK LGA*</b>			
Top 10 Overseas Born – NESB Birthplaces (ABS Census 2011)		Top 10 Languages spoken at home other than English (ABS Census 2011)	
Germany	200	German	77
Philippines	130	Cantonese	46
Netherlands	104	Tagalog	43
India	64	Dutch	38
Thailand	55	French	38
China	45	Polish	38
Malaysia	43	Italian	36
Italy	41	Spanish	35
Vietnam	33	Thai	35
Austria	30	Mandarin	32

<b>SINGLETON LGA*</b>			
Top 10 Overseas Born – NESB Birthplaces (ABS Census 2011)		Top 10 Languages spoken at home other than English (ABS Census 2011)	
Philippines	96	Cantonese	34
Netherlands	52	German	33
Germany	49	Filipino	31
China	35	Italian	29
India	33	Tagalog	29
Papua New Guinea	22	Spanish	27
Indonesia	20	French	20
Thailand	19	Indonesian	19
Vietnam	18	Thai	18
Malaysia	17	Maltese	16

<b>MUSWELLBROOK LGA*</b>			
Top 10 Overseas Born – NESB Birthplaces (ABS Census 2011)		Top 10 Languages spoken at home other than English (ABS Census 2011)	
Philippines	49	Cantonese	31
Netherlands	35	Thai	21
China	28	Italian	20
India	26	Mandarin	19
Thailand	18	Greek	15
Germany	15	Tagalog	15
France	12	Portuguese	13
Italy	12	Dutch	11
Malaysia	12	Maltese Hindi	11
Austria	11	Hindi	10
		Tamil	10



UPPER HUNTER SHIRE *			
Top 10 Overseas Born – NESB Birthplaces (ABS Census 2011)		Top 10 Languages spoken at home other than English (ABS Census 2011)	
Philippines	32	Mandarin	33
Germany	25	Portuguese	25
China	25	Cantonese	21
Netherlands	23	Tagalog	14
Taiwan	16	Arabic	12
Malaysia	11	German	11
Lebanon	9	Korean	11
Malta	9	Italian	10
Italy	8	French	7
India	7	Bengali	6
Korea	7	Hindi	6
		Urdu	6
		Khmer	6
		Russian	6

**\*Excludes following countries:** Australia, Canada, Christmas Island, Cocos Island, Ireland, New Zealand, South Africa, United Kingdom, USA and Zimbabwe.

**\*\*Introduced random adjustment**

Under the Census and Statistics Act (1905) it is an offence to release any information collected under the Act that is likely to enable identification of any particular individual or organization. Before Census data are released, small random adjustments are made to allow the maximum amount of detailed Census data possible to be released without breaching confidentiality. Consequently, care should be taken when interpreting cells with small numbers, since randomization, as well as possible respondent and processing errors, have a greater impact on small cells than on larger cells.

## Appendix 2: Survey Monkey Chinese Community Engagement Research

### 1. Introduction

The aim of the Chinese Community Engagement Research Project is to assess the community care support needs of older Chinese people in Newcastle and the Hunter region and develop strategies to improve their access to culturally competent Commonwealth funded Home and Community Care (HACC) services.

The purpose of this survey is to identify Hunter based community care services who have provided support to older Chinese people and/or their carers and to learn from these services' experience.

#### Background

The Culturally and Linguistically Diverse (CALD) Service Capacity Review Project Action Plan for the Hunter Region 2009-2011 commissioned by Ageing, Disability and Home Care, Department of Human Services NSW recommended that research be conducted into the Home and Community Care (HACC) needs of the Chinese community in Newcastle. This recommendation is based on the low number of older Chinese people using community support services in Newcastle.

Currently research and consultation is being undertaken by Northern Settlement Services with the Chinese community in the Hunter region in order to develop strategies to increase their access to Commonwealth funded HACC services and to inform service planning/development in Newcastle and the Hunter.

This survey will take approximately 5 minutes to complete and your co-operation in returning the survey by 17 May 2013 would be very much appreciated.

In order to progress through this survey, please use the following navigation links:

- Click the Next >> button to continue to the next page.
- Click the Previous >> button to return to the previous page.
- Click the Exit the Survey Early >> button if you need to exit the survey.
- Click the Submit >> button to submit your survey.

Should you require any further information about this survey, please contact:

Dongmei Zhang Chinese Engagement Project Officer  
Northern Settlement Services  
Phone: 4960 3399  
Email: cep@nssservices.com.au

### 2. Chinese Community Engagement Research Project

#### \*1. Please provide the following contact details for distribution of research results.

Name:	
Position:	
Organisation:	
Postal Address:	
Town:	
Postcode:	
Phone:	
Email:	

#### \*2. Does your organisation provide a service to client/s from a Chinese background?

☐ Yes

☐ No



**3. If yes, what type of service/support do you provide?**

**4. Has your organisation supported a person from a Chinese background in the last 5 years?**

☐ Yes

☐ No

Additional comments/feedback

### **3. Chinese Community Engagement Research Project**

**5. Would you be willing to be contacted by the Chinese Engagement Research Project Officer to discuss your organisation's experience in supporting/engaging with older Chinese people?**

☐ Yes

☐ No

Any additional comments/feedback please?

### APPENDIX 3: Key stakeholders consultation questions

1. Can you tell me about your role at \_\_\_\_\_ organisation? How long have you worked in this role?
2. What proportion of your clients would you estimate are of Chinese origin?
3. Approx. how many Chinese clients do you have/see in this service?
4. Where did you get the referral from? GPs, Family members, Services providers
5. How did you find the first engagement? It was difficult to communicate? Did you have an interpreter when you first time engage with the client?
6. What types of services do Chinese clients usually asking for? Domestic task, transport etc.
7. In your experience, what is the best way to provide information and services to a Chinese client?
8. What are the possible barriers and enables for Chinese seniors/family to access community care services? Prompt: cultural beliefs and traditions, language, transport, family support
9. What are some of the challenges you face working with Chinese seniors and families? How do you approach or overcome these challenges?
10. Would you do anything different if you have got another client from Chinese background?
11. Any additional comments?



## **APPENDIX 4: Chinese seniors' focus group/ interviews discussion**

### **Chinese seniors**

#### **Introduction**

- Facilitator introduces herself and the Northern Settlement Services
- Inform participants that focus group will run more than 1 hour with a 10 minutes break.
- Ice Breaker: Ask participants to introduce themselves and something interesting about themselves e.g. where they are from, how long they have been in Australia, what they like most about Australia etc.
- Discuss the purpose of the focus group:
  - To assess the Community Care services needs of older Chinese people in the Hunter region
  - to find out how the Chinese community access Community Care services when they choose to live at home independently
  - to improve Chinese community access to culturally appropriate Community Care services
- Present participants with the consent form, emphasising we maintain strict confidentiality and that names will only be known by the facilitator. The information gained from this session will be presented in the final report and will contribute towards providing more accessible and culturally appropriate services.

#### **Theme 1: Beliefs, values and meanings**

##### **Discussion about aging lifestyle and well-being**

Discuss personal beliefs, interpretations and experiences

- Brainstorm the aging life style and well-being at home  
**Prompt:**
  - If you are living at home independently who is doing the domestic house work, including cleaning, cooking, laundry or gardening etc.? Do you need any support from the family members or community? How do they assist you? (Eg adult children, neighbours, community volunteers or services providers)
  - If you or your friends are living with adult children what are the roles of senior parents and adult children in the family?
  - If the situation changes, are you considering approach to Community Carer services to ask for assistance to support you live independently? Which kind of services probably the most you will ask for?

- Brainstorm the aging life style and well-being out of home

**Prompt:**

- Do you drive or use public transport? Is it easy for you to access public transport from where you live?
- Do you go shopping, banking, paying bill and attending doctor's appointment etc. by yourself? If you are not going by yourself, who will give your assistance or support when you attending those occasions?

- Brainstorm community connections

**Prompt:**

- Do you have a group of friends you visit routinely? How often you participant the group or visit your friends? (e.g. Chinese association, Chinese Church or play Mahjong etc.)
- Do you know any carers in the community? Do they involve with social activities routinely? (e.g. Carers support group, respite services for carers)
- Do you feel you belonging to local community? (e.g. talking with your neighbours, you involve with local community activities, community groups, sport club, walking group, men's shed etc.)

## **Theme 2: Access to Community Care services program**

Community Care services program information-where, what, how?

**Prompt**

- Where do you get the information from regarding Community Care services? (e.g. Gps, information sessions, community members, internet, TV, radio carers support groups, Multicultural Access Project officer etc.)
- How clear and sufficient is the information?
- If you need aging life style or wellbeing support information, where do you and your family members go for help? Do you find it helpful and culturally appropriate?

Access to Community Care services-where, what and how?

Discuss experiences and expectations

- Do you, your relatives or your friends have any experiences with Community Care services?
- Do you or your friends think it was cultural appropriate?
- If you need domestic assistance or social support, (e.g. where do you and your family members go for help? Do you find it helpful and culturally appropriate?



- Why do you think Chinese community had less than other community accessing Community Care services program? What is the main issue to stop them not using Community Care services?

If there is no one from the focus group has experiences with Community Care services, the facilitator will provide an overview of what Community Care services to the group members. Then will continue the following discussion.

**Theme 3:** Suggestions for improving access to services

- What might encourage the Chinese community to access Community Care services program? (e.g. Information session, Pamphlet, Carer support group etc.)
- What might encourage Chinese seniors to access Community Care services program including in home help, outside home help, keeping them healthy and happy?
- Is there a need for more cultural sensitivity provided by Community Care services providers? Why?
- What services would you like to see in the future?
- Any other comments?

## APPENDIX 5:

### Chinese Community Engagement Research Project (the Project) INFORMATION SHEET AND CONSENT FORM

I understand that:

- I am participating in an interview/focus group run by Northern Settlement Services;
- I am free to speak my preferred language; say as much or as little as I like during the interview/focus group;
- I can stop participating if I feel uncomfortable;
- personal information will be collected, but this information will always be kept CONFIDENTIAL;
- everything that is said in the interview/focus group will be kept totally CONFIDENTIAL;
- the interview/focus group will be recorded to enable the project officer or project assistant to take notes of the sessions afterwards, but these notes will be kept totally CONFIDENTIAL;
- the notes taken during or after the interview/ focus group are for the purpose of learning what issues and needs should be addressed to improve Community Care services and programs for the Chinese community in the Hunter region;
- only the Chinese Community Engagement Research Project team at Northern Settlement Services, will see these notes and know I attended the sessions;
- the information collected during the interview/focus group will be presented in a general way and you will not be identified by name;

**I FULLY UNDERSTAND THE INFORMATION GIVEN TO ME ABOUT THE INTERVIEW/FOCUS GROUP AND I AGREE TO PARTICIPATE.**

---

**Write your name here**

---

**Sign your name here**

---

**Date**

For further written information in your language regarding Community Care services or if you want to talk privately after the focus group with the Project Officer please contact Northern Settlement Services on free call number 1800 813 205 or (02) 4969 3399 or email to [cep@nsservices.com.au](mailto:cep@nsservices.com.au)

Thank you and yours sincerely,

**The Chinese Community Engagement Research Project Team**

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Project Officer or Project Assistant to complete:

Participant did not wish to sign consent form but wanted to participate in the interview/focus group ☐



## 華人社區調查項目（項目）

### 相關信息及知情同意

我明白：

- 我在參與一個由 Northern Settlement Services Ltd. (NSS)組織的面談/討論小組；
- 我可以自由的講我比較喜歡的語言；在面談/討論小組中多說或少說；
- 如果我不舒服我可以停止參與；
- 個人信息將被收集，但這些信息將會被保密；
- 在這個面談/討論小組中所說的全部內容將會保密；
- 面談/討論小組將會被錄音，以便項目專員和助理在結束後整理筆記，但這些筆記將會被嚴格保密；
- 面談/討論小組的筆記，將用於瞭解哪些事件和需求是待待解決的，並用來解決和提高整個 Hunter 地區華人社區的社區照料服務和項目；
- 只有 NSS 華人社區調查項目的小組成員能看到項目筆記並知道我參與了項目；
- 在面談/討論小組中收集的信息將會以一般的方式展示，您的姓名將不會出現在其中；

我充分瞭解了關於面談/討論小組的這些信息，我同意參與項目。

---

您的姓名

簽名

日期

如果您想瞭解用您的語言書寫的關於社區照料的資料，或是在討論小組結束後您希望和項目專員單獨談話，請您和 Northern Settlement Services Ltd. 聯繫：1800 813 205（免費電話）/（02）4969 3399，或發郵件到 [cep@nsservices.com.au](mailto:cep@nsservices.com.au)

真誠感謝您的合作，

華人社區調查項目小組

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項目專員或項目助理填寫：

參與項目者不愿在知情同意書上簽字但仍然希望參與面談/討論小組。



## APPENDIX 6: Demographic survey for focus group/individual Interview participants

1. How old are you?

- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75-84 years
- ☐ 85 years or more

☐ Yes ☐ No

If yes do they live close to where you live?

☐ Yes ☐ No

2. In which country were you born?

- ☐ China
- ☐ Hongkong
- ☐ Taiwan
- ☐ Other \_\_\_\_\_

7. What is the highest level of education you obtained?

- ☐ No Schooling completed
- ☐ Primary school (or equivalent)
- ☐ Secondary (or equivalent)
- ☐ University/ Tertiary
- ☐ Master degree or above

3. Which language you speak at home?

- ☐ Mandarin
- ☐ Cantonese
- ☐ English
- ☐ Other \_\_\_\_\_

8. Are you retired? Yes/No  
Where is you working or before you retired?

- ☐ Hospitals
- ☐ Cafes, Restaurants and Takeaway Food Services
- ☐ School Education
- ☐ Tertiary Education
- ☐ Architectural, Engineering and Technical Services
- ☐ Others, please specify \_\_\_\_\_

4. How long have you lived in Australia?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21 years or more \_\_\_\_\_

5. Who do you live with?

- ☐ I live alone
- ☐ Partner only
- ☐ Partner and my children
- ☐ Others, please specify \_\_\_\_\_

9. Do you have any income support from Centrelink?

- ☐ Age Pension
- ☐ Widow Allowance
- ☐ Carer Payment
- ☐ Carer Allowance
- ☐ Others, please specify \_\_\_\_\_

6. Do you have relatives in Australia?



## 對參與面談或小組討論的背景調查

### 1. 您的年齡?

- ☐ 55-64 歲
- ☐ 65-74 歲
- ☐ 75-84 歲
- ☐ 85 歲以上

### 2. 您出生在哪裡?

- ☐ 中國
- ☐ 香港
- ☐ 台灣
- ☐ 其他, 請具體\_\_\_\_\_

### 3. 您在家講哪種語言?

- ☐ 普通話
- ☐ 廣東話
- ☐ 英文
- ☐ 其他, 請具體\_\_\_\_\_

### 4. 您在澳大利亞居住了多久?

- ☐ 0-5 年
- ☐ 6-10 年
- ☐ 11-15 年
- ☐ 16-20 年
- ☐ 21 年以上, 請具體\_\_\_\_\_

### 5. 您和誰一起居住?

- ☐ 我自己
- ☐ 我和我老伴
- ☐ 我和我老伴和孩子
- ☐ 其他, 請具體\_\_\_\_\_

### 6. 您是否有親戚居住在澳大利亞?

- ☐ 是
- ☐ 否

如果是他們是否居住在您家附近?

- ☐ 是
- ☐ 否

### 7. 您的教育程度?

- ☐ 從沒上過學
- ☐ 小學 (相當於小學水平)
- ☐ 高中 (相當於高中水平)
- ☐ 大學
- ☐ 研究生或以上

### 8. 您退休了嗎?

- ☐ 是
- ☐ 否

您現在或退休前在哪裡工作?

- ☐ 醫院
- ☐ 咖啡店、飯店或外賣店
- ☐ 學校教育
- ☐ 大學教育
- ☐ 建築、工程師或技術服務
- ☐ 其他, 請具體\_\_\_\_\_

### 9. 您是否從Centrelink領取以下收入補助?

- ☐ 養老金
- ☐ 孀婦補助金
- ☐ 照顧者收入補助
- ☐ 照顧者津貼
- ☐ 其他, 請具體\_\_\_\_\_

## APPENDIX 7



### NORTHERN SETTLEMENT SERVICES LIMITED

8 Chaucer Street  
Hamilton NSW 2303  
ABN 72 002 898 759

Phone: (02) 4969 3399  
Facsimile: (02) 4961 4997  
Free call: 1800 813 205

## CULTURAL ASSESSMENT

Client's Name: .....

Prefers to be addressed as: .....

COMMUNICATION	
Preferred Language/Dialect	Can read: Yes / No Can write: Yes / No
English Proficiency None / Survival / Basic / Fluent	Interpreter Required: Yes / No
Bilingual friend / relative whom you trust to help translate if the need arises:	
MIGRATION HISTORY	
Country of birth:	
Cultural / Ethnic group identified with:	Arrival in Australia:
	Year: Age:
Occupation/Australia:	Overseas
RELIGION / SPIRITUALITY	
Religion: _____	
Do you have any religious practices/traditions we need to take into account: Yes No:	
HEALTH & ILLNESS	
Do you practice any traditional health practices we need to take into account:	
Person to be called if become critically ill:	
Privacy	

Preference of personal care staff: Female Male Either

Matters you do not want your family/friends to be involved in: