Building New Bridges

Strategies for Healthy Ageing in New and Emerging Communities

Discussion Paper

Ethnic Communities' Council of Victoria Inc. (ECCV) is the *Voice of Multicultural Victoria*. As the peak body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For 40 years we have been the link between multicultural communities, government and the wider community.

home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

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Acknowledgements

Glossary

AAVic   -   Alzheimer's Australia Vic

ASM   -   Active Service Model

ABS   -   Australian Bureau of Statistics

BRMC   -   Ballarat Regional Multicultural Council

CALD   -   Culturally and Linguistically Diverse

ECCV   -   Ethnic Communities' Council of Victoria

FECCA   -   Federation of Ethnic Communities' Councils of Australia

HACC   -   Home and Community Care

NRISA   -   Northern Regional Indian Senior's Association

VMC   -   Victorian Multicultural Commission

SMRC   -   Southern Migrant and Refugee Centre

Foreword

Victoria is seeing an increase in the number of seniors from multicultural communities. About a third of Victorians aged 65 and over are from a non-English speaking background.

Ethnic Communities' Council of Victoria (ECCV) has identified that there is a growing proportion of older people from new and emerging communities in particular, that lack access to culturally responsive services. They have missed out on ethno-specific aged care support and many less established multicultural communities lack the infrastructure to look after their elderly parents and grandparents.

ECCV believes that this Discussion Paper, *Building New Bridges: Strategies for Healthy Ageing in New and Emerging Communities* will contribute to closing those service gaps by providing some innovative solutions.

Building New Bridges is about reaching out, engaging, and partnering with new and emerging communities. The three symbolic pillars of such bridges are multicultural communities, government, and aged care and health services. We believe working closely together is essential in improving access to services for this growing proportion of our Victorian community.

For the purpose of this paper older people from new and emerging communities are referred to as groups that
- Experience a significant increase in their aged population
- Have settled in Australia more recently
- Lack community infrastructure and ethno-specific services.

ECCV recognises that new and emerging communities are diverse in culture, language, spiritual beliefs, and migration experiences. It is therefore vital that services respond to this diversity. We need to ensure that aged care services for seniors are holistic and inclusive.

ECCV extends it warmest gratitude to those who contributed to the development of this Discussion Paper. With its release, ECCV looks forward to discussing some pertinent issues with government policy makers and providers of health and aged care services in order to develop innovative approaches that ensure the healthy ageing and wellbeing of people from new and emerging communities.

Eddie Micallef
Chairperson

Marion Lau OAM JP
Deputy Chairperson
Convenor ECCV Aged Care Policy Sub-committee

Executive Summary

As the peak body for ethnic and multicultural communities we have been advocating for seniors from a non-English speaking background since 1974.

Healthy ageing in new and emerging communities is the topic of this policy paper. New and emerging communities are moving into older age groups and therefore it is timely to address this issue and develop strategies to ensure that health and wellbeing needs of older people from new and emerging communities are met.

Aged care is undergoing significant changes including in the Home and Community Care (HACC) program in Victoria and the national aged care reform process. It is important that the rights and needs of seniors from a non-English speaking background including older people from newly arrived communities are incorporated into the government's aged care planning.

In 2013 ECCV conducted a series of forums in metropolitan and regional Victoria highlighting access of older people from new and emerging communities to aged care services. This paper recommends making structural provisions to meet the needs of older people from new and emerging communities. In order to achieve better outcomes, it is vital that government, service providers and multicultural communities work collaboratively to bridge service gaps.

Strategies targeted at new and emerging communities may include:
- Facilitating the capacity building process of ethno-specific organisations
- Ensuring that aged care services respond to the cultural preferences and needs of communities
- Supporting communities in grants applications and management of funds.

ECCV asks the Australian and Victorian Governments to use the insights presented in this paper to create the necessary infrastructure for members of new and emerging communities to age healthily.

Key Recommendations

ECCV recommends:

1. That government and the aged care sector strengthen their engagement with new and emerging communities in Victoria.

2. That health and aged care services are designed to meet the culturally, linguistically, and spiritually diverse preferences and rights of older Victorians from new and emerging communities.

3. That government facilitates stronger structural support in the delivery of aged care services specifically targeted at the older members from new and emerging communities.

4. That aged care partnerships with new and emerging communities are facilitated to ensure that services are culturally appropriate.

5. That government includes new and emerging communities in the aged care planning process.

6. That government facilitates access to the grants application and grants management process for culturally diverse communities and in particular new and emerging communities.

7. That government addresses the needs of smaller, newly arrived communities especially through funding allocations.

8. That research on improving access to health and aged care for older people from new and emerging communities is facilitated.

9. That government and service providers support community education targeting older people from new and emerging communities living with dementia.

10. That government works with relevant multicultural organisations to facilitate consultations on the needs of new and emerging communities living in regional and remote areas.

Background to Paper

Terminology

New and emerging communities are new in the sense that they have mostly settled in Australia comparatively recently. Populations from new and emerging communities are increasingly moving into older age groups. A common characteristic of these communities is that they have limited access to aged care services and have no ethno-specific aged care infrastructure in place. New and emerging communities are diverse in culture, language, spiritual beliefs and size.

Ageing new and emerging communities share common characteristics such as:
- The community infrastructure to deliver aged care services is underdeveloped
- Communities experience a significant increase in their aged population,
  especially the age group from 55-64, which is rapidly augmenting
- The majority of the community has settled in Australia more recently.

Methodology

ECCV became aware that seniors from new and emerging communities lack access to aged care services and that these communities are struggling to establish an aged care infrastructure. ECCV then engaged with the multicultural community to identify the issues. ECCV held aged care forums in September and October 2013 in Ballarat and Melbourne that were attended by over 130 people. Participants included members of ethnic community organisations, representatives from ethno-specific service providers, health and aged care services providers and Federal/State and Local Government. Consultations with the community and available research are the main sources that informed this paper.

Demographic Profile

The demographic composition of Victoria's ageing population is shifting and seniors from a non-English speaking background constitute about a third of Victoria's population aged 65 and over. According to the 2011 Australian Bureau of Statistics (ABS) Census, 31 per cent of the Victorian population aged 65 and over is from a non-English speaking background. For the age group 75-84 the proportion is even higher (33 per cent). Of the population aged 55-64, 28 per cent are from a non-English speaking background. A significant proportion of this age group are members from new and emerging communities. The sizes of communities vary.

Examples of less established communities with a significant increase in people aged 55 and over:
- 12,400 Victorians aged 55 and over were born in India
- 6,800 Victorians aged 55 and over were born in the Philippines
- 3,700 Victorians aged 55 and over were born in Mauritius
- 1,700 Victorians aged 55 and over were born in Iraq.

(See table in appendix 1 for further information)

Overview of Policy Context

Australian Government

The Australian Government's *Access and Equity* framework is an important policy to improve the cultural responsiveness of services delivered by the Australian Government[1]. The *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds[2]* was released in December 2012. It acknowledges Australia's cultural diversity of the ageing population and has strategic goals such as culturally responsive aged care policies and programs to build the capacity of the multicultural aged care sector. The *Strategy* states that aged care services should be designed to meet the needs of the diverse subgroups within multicultural communities, such as those from emerging ageing communities from a culturally and linguistically diverse background. The Strategy further aims at building the capacity of emerging ageing communities to deliver aged care services.

The full responsibility of the HACC program in Victoria shifts to the Commonwealth in July 2015. It is vital that the Commonwealth Government ensures that services targeted at seniors from a non-English speaking background will be delivered in a culturally responsive manner and that new and emerging communities are increasingly included in the HACC planning process.

Victorian Government

Reforms such as person centred care through the Active Service Model (ASM) and diversity planning and practice of the HACC Program are important initiatives for meeting the needs of older people from culturally diverse backgrounds. In addition a new service type, *Access and Support,* has been developed to deliver an improved client focus to support people with complex needs due to diversity such as their cultural, ethnic and religious considerations to access a wider range of services.

The Victorian HACC program and Government provides funding targeted at seniors from a non-English speaking background for programs and initiatives such as:
- HACC Language Services Credit Line
- HACC diversity and planning practice guide
- HACC *Access and Support* network
- Ethno-specific planned activity groups and friendly visiting programs
- Participation for CALD Seniors Grants
- VMC Community Grants
- Policy advocacy.

A few organisations that work with older members from new and emerging communities receive Victorian Government HACC funding for social support activities such as volunteer co-ordination and planned activity groups. Also in 2005 The Victorian HACC program funded research by the Refugee Health Research Centre at La Trobe University on the health and wellbeing of seniors with a refugee experience[3].

Challenges

Preference to live at home

Seniors from a non-English speaking background prefer living at home. An insightful article in the *Australian Mosaic* magazine on Bhutanese seniors highlights the importance of extended family networks in supporting

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[1] Department of Immigration and Citizenship, 2012, *Access and Equity for a multicultural Australia* - Inquiry into the responsiveness of Australian Government services to Australia's culturally and linguistically diverse population.
[2] Department of Health and Ageing, 2012, *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds.*
[3] Refugee Health Research Centre, La Trobe University, 2005, *A profile of Victorian Seniors from Refugee Backgrounds,* Health and wellbeing needs and access to aged care health and support services.

members of the community[4] (see appendix 2 for full article). For example older people from the Bhutanese community might not be familiar with government and health services in Australia and therefore feel more comfortable if they are accompanied by family members. Family plays an important role in bridging cultural gaps and overcoming language barriers. Seniors from the Bhutanese community are not familiar with the concept of living in an aged care facility and prefer their children to look after them. It is seen as a shame if children cannot take care of their parents. Services targeted at seniors from new and emerging communities need to take into account that people prefer living at home and that maintaining family connections is a vital component in ageing well.

Ageing Trends

New and emerging ageing communities have arrived in Australia more recently. They are yet to experience their peak in their aged populations and will increasingly need access to aged care services. Communities need support to build an aged care infrastructure for their community. Often those communities are overlooked in funding allocations. Some members of these communities are already at an age where access to aged care services is important. For example there are about 2,000 Victorians of Indian origin in the age group 75-84. It is acknowledged that the more established communities in Victoria have not peaked either. People who were born in Italy which are now in the age group of 65-74 are equivalent to 20,600 people. Over the coming years the Italian community will have an increased need to access aged care services.

Social Isolation

ECCV community feedback indicates that seniors from new and emerging communities are often isolated such as in generic residential care facilities[5]. One challenge is that new aged care facilities are being built far away from where ethnic communities live. It has been suggested that diversity standards of the accreditation process need to be put in place to include requirements to cater for diversity. This should entail same language visiting programs, culturally appropriate food, and cultural activities to overcome social isolation.

Underdeveloped Aged Care Infrastructure

New and emerging populations have no or an underdeveloped ethno-specific aged care infrastructure in place. Currently those communities mostly support their older people through the goodwill of volunteers. Presently there are no major start-up capital grants available to establish an ethno-specific aged infrastructure which was the case in the 1980s and early 1990s.

To apply for existing grants programs presents a challenge to new and emerging communities due to the following reasons:
- Community members might not be familiar with the grants application process
- Organisations have no or a limited staff capacity to submit grants applications
- The organisational infrastructure of new and emerging communities is less developed. This may make the management of grants difficult in the event that community organisations secure funding[6].

The Refugee Experience

A considerable proportion of older people from new and emerging communities have experienced trauma and hardship in their country of origin[7]. Further to this, the process of resettlement may affect negatively on their

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[4] Sharma-Luital JP, P., 2013, How Bhutanese Elderly Live in Australia, Australian Mosaic, The magazine of the Federation of Ethnic Communities' Councils of Australia, Issue 35, Spring 2013

[5] ECCV-AAVic Aged Care Policy Report on Forum on New and Emerging Ageing Communities, available at: http://www.eccv.org.au/aged-care/aged-care-policy/.

[6] Abbato, S. and Durham, J. 2011, *Ageing Your Way, My Way – Working Together*, Spiritus research into the emerging ageing CALD communities in Brisbane.

[7] NSW Refugee Health Service, 2006, *Caring for Older Refugees in NSW: A Discussion Paper*, available at: http://www.swslhd.nsw.gov.au/refugee/pdf/OlderRefugees.pdf, accessed at 14 May 2013

health and wellbeing. Pre-migratory and resettlement experiences may have a negative effect on mental health [8].

Access to aged care services depends on eligibility usually aged 65 and over. People with a refugee experience tend to age earlier as trauma and torture related experiences are seen as influencing the ageing process. Life expectancy is considered comparatively lower among people with a refugee experience[9].

Seniors in Victoria with a refugee experience were born in countries such as:
- Egypt
- Vietnam
- Croatia
- Federal Republic of Yugoslavia/Former Yugoslavia
- Lebanon
- Bosnia and Herzegovina
- Laos
- Cambodia
- Eritrea
- Iraq
- Iran
- East Timor
- Somalia
- Burma
- Ethiopia
- Sudan[10].

Service Delivery
Aged Care Services
Feedback to ECCV indicates that Victorians from new and emerging communities are underutilising aged care services. People may have lived under totalitarian governments and are likely to have been exposed to surveillance and persecution. Because of this experience they tend to resent bureaucratic practices and working with government agencies can prove to be challenging. This may include home care workers visiting the family home, aged care assessments and filing of health information[11]. ECCV community consultations have confirmed that due to pre-migration experiences of abused trust some people might feel reluctant to sign documents[12].

Participants at the ECCV-Alzheimer's Australia Vic (AAVic) aged care forum on new and emerging communities highlighted that service providers need to work in partnership with new and emerging communities. This may include reaching out to communities and carefully listening to them in order to identify preferences of older people. Providers should more strongly engage with new and emerging communities in relation to planning, developing and delivering services. Participants also mentioned that it would be useful if more evidence based-

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[8] Refugee Health Research Centre, La Trobe University, 2005, *A profile of Victorian Seniors from Refugee Backgrounds: Health and wellbeing needs and access to aged care health and support services.*
[9] NSW Refugee Health Service, 2006, *Caring for Older Refugees in NSW: A Discussion Paper*, available at: http://www.swslhd.nsw.gov.au/refugee/pdf/OlderRefugees.pdf, accessed at 14 May 2013
[10] Refugee Health Research Centre, La Trobe University, 2005, *A profile of Victorian Seniors from Refugee Backgrounds*: Health and wellbeing needs and access to aged care health and support services.
[11] NSW Refugee Health Service, 2006, *Caring for Older Refugees in NSW: A Discussion Paper*, available at: http://www.swslhd.nsw.gov.au/refugee/pdf/OlderRefugees.pdf, accessed at 14 May 2013
[12] ECCV-AAVic Aged Care Policy Report on Forum on New and Emerging Ageing Communities, available at: http://www.eccv.org.au/aged-care/aged-care-policy/

research into the needs of new and emerging communities will be undertaken as service providers rely heavily on input and feedback from their key community workers or contact persons to inform their practices.

Dementia Services and Caring

Dementia services are often underutilised by seniors from new and emerging communities. Dementia may be seen in some communities as a normal part of ageing or even a form of madness rather than a disease. Stigma is a major barrier to people from a non-English speaking background as people may have feelings of shame and deny their condition. Consequently dementia is often diagnosed at a more advanced stage when people reach a crisis point. ECCV's Discussion Paper *MEANT TO CARE about culturally relevant dementia care* highlighted that people from a culturally diverse background underutilise dementia services due to:

- Varying levels of English
- Lack of knowledge
- Cultural perceptions and stigma
- Experience of discrimination with health services
- Lack of culturally appropriate services.[13]

Participants of the ECCV-AAVic forum on new and emerging ageing communities suggested to better link older people from new and emerging communities to available services. It was also highlighted that it is vital to create discussions in culturally diverse communities around dementia as it is often hidden or ignored until crisis point. This may include talking about some of the myths and stereotypes associated with the disease.

People from a non-English speaking background have a strong family dependency view that influences their decision making. Second generation migrants find it challenging when talking to their parents about accessing services, using respite, and considering residential care. It puts an enormous amount of pressure on children who are working full time while also caring for their parents. Therefore, it is important to engage with younger second generation carers. A targeted approach is necessary and may include the establishment of support groups that meet the needs of young carers.

Ethno-specific Services

Seniors from a non-English speaking background face linguistic barriers in accessing information and aged care related services. Culturally diverse seniors have varying levels of English and may revert to their mother tongue as they age. Feedback from the Aged Care Policy Sub-committee and aged care forums of ECCV in 2012 indicate that culturally diverse seniors often have a preference for ethno-specific services as they feel better understood in terms of language and culture.

Elements of ethno-specific service delivery are:
- Services in first language
- Cultural and spiritual activities
- Culturally appropriate food.

The Monash University-ECCV study on the delivery of community aged care services to ethnic groups entitled *Mainstream Versus Ethno-Specific Services: It's Not an 'Either Or'* emphasised that ethno-specific services are a vital component of aged care service delivery. The study came to the conclusion that "the literature offers abundant evidence to support the value and effectiveness of ethno-specific services for CALD people, while at the same time emphasising the inability for ethno-specific agencies alone to respond to the needs of all of

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[13] Ethnic Communities' Council of Victoria, 2011, *MEANT TO CARE about culturally relevant dementia care*, Empowering, Informing, Resourcing, ECCV Discussion Paper, Volume 1, Number 2.

Australia's ethnic communities, and in particularly smaller groups"[14]. The study also suggests that an effective approach to deliver aged care services for seniors from a non-English speaking background are partnerships between generic, multicultural and ethno-specific service providers.

Best Practice Model

Seniors of new and emerging communities, as they age, prefer to stay living at home for as long as possible. However, if they do need to move into a generic residential care facility, they can find themselves isolated. Catering for the culturally and linguistically specific needs is vital for the wellbeing of seniors from new and emerging communities.

ECCV highlights one best practice model supporting residential aged care facilities to review and improve their responsiveness to the needs of new and emerging communities. The Southern Migrant and Refugee Centre's (SMRC) *Cultural and Spiritual Policies and Practices Review Tool* assists residential aged care facilities in delivering culturally inclusive services. The review tool is comprehensive, practical and simple to use and aged care facilities are able to apply it fairly easily to assess how culturally appropriate their practices are.

Elements of the review tool are designed in alignment with the principles of the Aged Care Accreditation Standards[15]. The points below refer to the sub-standards:

- Employing bilingual staff and encouraging people from culturally diverse backgrounds to volunteer at the facility
- Working in partnership with culturally diverse communities and ethno-specific agencies
- Training of staff to become more culturally sensitive
- Ensuring access to interpreters
- Providing resources containing information on culture, religion and ethno-specific organisations
- Tailoring care plans to holistic needs of care recipient
- Considering spiritual and cultural preferences in advance care planning
- Providing emotional support that takes into account spiritual and cultural practices
- Reflecting the resident's culture in physical environment of facility.

(See appendix 3 for an extract of Cultural and Spiritual Policies and Practices Review Tool).

Regional Victoria

ECCV and the Ballarat Regional Multicultural Council (BRMC) held a forum on *Strengthening Diverse Ageing Communities* in September 2012. Spiritual worship is an important part of healthy ageing and wellbeing for seniors from a non-English speaking background. It has been mentioned that there are limited options of worship for members of new and emerging communities in Ballarat as there is currently no Hindu temple or mosque. It also became evident that further regional consultations are necessary in order to comprehensively assess what challenges older people from newly arrived communities encounter in regional areas. As culturally responsive services are underdeveloped in many regional areas a collaborative approach is necessary to address the needs of seniors from a non-English speaking background. Newly arrived and more established communities may encounter similar issues in terms of access to aged care services[16].

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[14] Radermacher, Harriet; Feldman, Susan; Browning, Collette, 2008, Review of Literature Concerning the Delivery of Community Aged Care Services to Ethnic Groups – *Mainstream Versus Ethno-Specific Services: It's Not an 'Either Or'*, Prepared for the Ethnic Communities' Council of Victoria and Partners.

[15] Aged Care Standards and Accreditation Agency, The Accreditation Standards, available at: http://www.accreditation.org.au/site/uploads/Accreditation%20standards%20factsheet.pdf.

[16] Ethnic Communities' Council of Victoria, 2013, ECCV aged care policy report on regional ECCV-BRMC aged care Forum on Strengthening Diverse Ageing Communities, available at: http://www.eccv.org.au/aged-care/aged-care-policy/.

Capacity Building

Aged care infrastructures of new and emerging communities are underdeveloped. ECCV recognises the importance of building the capacity of new and emerging communities in caring for their communities. One example of building the capacity of community members and leaders is by training them. Training would need to include sessions on how to set up and manage organisations. Further, people from newly arrived communities could be trained as carers for their community.

Also, it is vital that new and emerging communities are strengthened to advocate for themselves. This includes smaller communities as it is challenging for them to have access to grants programs.

Partnerships between new and emerging communities, established ethno-specific agencies, and aged care services need to be explored in order to build community capacity. It is vital that new and emerging communities can co-design aged care services that are delivered to their community. It is also essential that formed partnerships are genuine.

ECCV believes that the establishment of a multicultural aged care consortium would strengthen ethno-specific and multicultural service delivery. The core functions of a multicultural aged care consortium include:

- Develop strategies to build an ethno-specific aged care infrastructure of new and emerging communities
- Explore ways of partnerships and wider sectoral collaboration
- Share learnings among consortium members
- Develop service models of culturally appropriate care targeting newer communities
- Explore cluster models in existing residential care facilities.

It is anticipated that a multicultural consortium will help communities to get better access to government funding. It is vital that collaborative approaches such as a multicultural aged care consortium are resourced by government.

Conclusion

Significant groups of older Victorians from culturally diverse backgrounds are missing out on aged care services as they are emerging ageing communities whose needs are not sufficiently recognised.

This Discussion Paper has identified significant gaps in aged care services for older people from new and emerging communities. High-level community specific engagement and genuine partnerships are essential to ensure that services respond to the cultural, linguistic, and spiritual preferences of seniors from new and emerging communities.

ECCV believes that government has an important role to play in strengthening services for older people from new and emerging communities. This may include providing structural support to establish culturally appropriate aged care services. Creating inclusive services requires a comprehensive approach and collaboration across government, service providers and multicultural communities.

A healthy ageing multicultural community would lead to greater community harmony and reduce the burdens on the health system within Victoria.

Appendices

Appendix 1

Less established multicultural communities with a significant increase in their aged population

The following table gives an overview of less established communities with a significant increase in people aged 55 and over. The figures are based on the 2011 Australian Bureau of Statistics (ABS) Census and refer to Victoria:

Ranking	Country of Birth	In total numbers aged 55 and over
1	India	12,400
2	Sri Lanka	10,600
3	Macedonia, Former Yugoslav Republic of	9,300
4	Malaysia	8,700
5	Egypt	7,000
6	Philippines	6,800
7	Cyprus	5,100
8	Lebanon	4,900
9	Turkey	4,400
10	Mauritius	3,700
11	Serbia	3,300
12	Bosnia and Herzegovina	2,600
13	Chile	2,600
14	Cambodia	2,500
15	Singapore	2,100
16	Fiji	1,900
17	Indonesia	1,900
18	Iraq	1,700
19	Iran	1,100
20	Japan	800
21	Thailand	600
21	South Korea	600
21	Taiwan	600
Total		95,200

Table: Less established multicultural communities with a significant increase in their aged population

How Bhutanese Elderly Live in Australia

The following article is supplied as a courtesy by FECCA. It has been published in the *Australian Mosaic*, The magazine of the Federation of Ethnic Communities' Councils of Australia, Issue 35, Spring 2013

Mr Parsuram Sharma-Luital JP

The Australian Bhutanese are one of the most recently arrived immigrant communities in Australia. The Australian Government, under its Humanitarian Settlement Services (HSS) program, committed to resettle 5,000 refugees from Bhutan, beginning in 2008. A large majority were settled in Adelaide, while others live in places as diverse as Albury-Wodonga, Cairns, Hobart, Launceston, Melbourne and Sydney. Many of these former refugees spent 18 to 20 years living in several refugee camps managed by the UNHCR in south-eastern Nepal – in basic huts with earth floors – after they were evicted from Bhutan between 1990 and 1992.

Refugees from Bhutan are ethnically Nepali, known as Nepali-speaking Bhutanese or Lhotsampas ('people of the south'), and are largely Hindu. The hope of returning back to Bhutan faded after 15 rounds of bilateral talks between Nepal and Bhutan failed. With no possibility of repatriation or local integration in Nepal, third country resettlement was therefore the only durable solution left to address this protracted refugee crisis that has now lasted for more than 20 years. Australia was one of eight countries that agreed to resettle 110,000 Bhutanese refugees.

Along with the young and the middle aged also came their elderly parents and grandparents. These older men and women were all landowners and farmers in Bhutan prior to their eviction, and have always lived together with their extended family – three generations in one house. This has changed for some Bhutanese families in Australia, who were divided into smaller units as a part of the resettlement program. However, extended family networks have remained close and provide an important source of strength for newly-arrived Bhutanese in Australia.

Many resettled seniors and pensioners I have spoken to over the past four years have told me that they prefer immediate family members to accompany them to Centrelink, medical and other appointments. These family members provide crucial support and help mitigate the shock of being in a new country, as well as helping elders overcome obstacles such as the language barrier, lack of understanding of Australian cultural rules and laws and lack of trust of authorities, government agencies and interpreters due to past experiences as refugees. The concept of living away from family in an aged care facility is completely foreign in the Australian Bhutanese community, and even Home and Community Care (HACC) is accepted only in extreme circumstances.

Upon arrival in Australia, most Bhutanese seniors keep busy and stay connected to their community through two self-initiated activities. As subsistence farmers in Bhutan for generations, they are very connected to the land and spend significant amounts of time growing vegetables in their backyard, just as they used to do in the backyard of their refugee camps in Nepal. They often produce enough food for their entire family and to share with neighbours all year round. Most families do not buy vegetables from the supermarket; only essentials that are not produced in the garden such as meat and spices. Bhutanese seniors also stay connected to their community by attending *Bhajan-Kirtan* – regular singing and chanting groups – in rotation among different homes on a weekly basis as well as on religious occasions. Maintaining this connection to the land and spending time with their family is fundamental to living a dignified life and practising their cultural traditions. Aged care facilities cannot offer them this freedom and cultural connection.

For many Bhutanese seniors, losing the ability to contribute to society through work is extremely difficult; they prefer work in any form, such as gardening, unless they are bedridden. One Bhutanese senior resettled in the US said, '*What do I do? I cannot speak English. I am 56 years old. I cannot go to work, I cannot do anything. I want to work. I want to do what I have been doing all my life. I want to be active. But all I do is stay at home. I have to keep quiet, because I cannot speak English.*' I have heard many Bhutanese seniors say at community consultations with Government agencies and service providers that they would like to be offered jobs – even low-wage ones – so that they can have their own income and stop receiving social security benefits from Centrelink. A group of seniors at a community consultation with service providers in Melbourne told me that receiving financial support for doing nothing is not part of their culture, and they feel guilty being paid for not working.

Resettlement in Australia and other western countries has not been easy for refugees from Bhutan. While the young ones and younger adults face their own problems of adjustment outside their home and intergenerational conflict within the family, life has been one big vacuum for the elderly. The majority of them have never gone to school. They cannot read and write in their first language. They never learned the habit of studying. They didn't have electricity in Bhutan, and had never used basic household utilities like washing machines, vacuum cleaners, gas stoves, microwaves, fridges, or flushing toilets. Everything is new for them.

Seniors' programs exist in some places of resettlement and run for a few hours per week, but most Bhutanese seniors spend much of their time alone at home while their children and grandchildren go to work and school. As many seniors, particularly men, have experienced severe torture and trauma, they often have complex health issues and many are on some form of medication. Depression and associated illnesses are becoming a big issue for Bhutanese seniors as they are lonely at home on their own, and the future seems like a blur. They fear losing their language, cultural identity and traditional values as their children and grandchildren are influenced by western culture. They are at a disadvantage compared to Australian-born seniors because their lack of English means they cannot advocate for themselves and communicate about issues affecting them without relying on others.

Bhutanese elders would be best served by remaining with their extended families as they grow older. Seniors across Australia have told me they would like to have their own community centre with a Hindu temple to worship, a place to perform their religious rituals, regular programs of *Bhajan-Kirtan*, access to Nepali language literature and Nepali language classes for young children. Any aged care support and resources targeted at Bhutanese seniors will be most effective and culturally appropriate if it provides this kind of support and social infrastructure.

Extract of Cultural and Spiritual Practices & Policies Review Tool

The following table is an adapted extract of the Cultural and Spiritual Policies & Practices Review Tool - Provided as a courtesy by the SMRC.

To administer this tool, rate facility policies and practices as
1 = "None" (no current policies and practices are in place),
2 = "Minimal" (Minimal policies and practices are in place,
3 = "Moderate" (Policies and practices in place are Satisfactory)
4= "Excellent" (Excellent policies and practices are in place)

1. Management systems, staffing and organisational development					
	1	2	3	4	Comments
1. Recruitment					
i. Job descriptions include "commitment to work with people from CALD backgrounds"					
ii. Employment strategies that seek to increase the number of bilingual/multilingual or CALD staff/Volunteers are utilized					
2. Orientation					
i. Cultural awareness components are included in orientation for new staff. Components such as local demographics, breakdown of the current client diversity, agency guide lines for onsite and telephone interpreter use etc					
3. Professional Development					
i. Guest speakers form CALD communities/ agencies are invited to PD sessions/staff meetings to provide information for staff					
ii. Staff have opportunity to attend CALD networks/forums					
	1	2	3	4	Comments
iii. Staff are provided with cultural and spiritual awareness training opportunities					
iv. Staffs are provided with training relating to best practices in responding to religious, linguistic and cultural needs of residents.					

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