



Culturally & Linguistically Specific Community Visitors Scheme programs: A NECESSITY, NOT A LUXURY

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Imagine you migrated to Australia some fifty years ago following the Second World War from somewhere in Europe. You have experienced the trauma of war, death of friends and family members in horrific circumstances, maybe been imprisoned and brutalised because of your country of birth, lost your home both physically and as a result of changing borders, and for reasons outside your control you cannot remain in your homeland. You make the difficult decision to live in another country on the other side of the world where nothing is familiar. After a lengthy sea voyage, you arrive in an environment where you are unable to communicate and where separation from family occurs again as you undertake the commitment to pay off the costs of your passage to Australia (usually about two years). You find your way into the community where you build houses, find employment, establish a community with fellow countrymen who understand and share your culture. You learn workplace English as there are no formal English as a Second Language classes available. You raise a family where the emphasis is on fitting in, on assimilating and being a part of the Australian community that has taken you in. So you don't teach your children your native language because you want them to be able to get an education and go further than you did, to have a better life. You bury the trauma and experiences of your early life so that you can get on with the task of making a new life.

It is now fifty years or more and you're now in your 70s or 80s or even older. You find it increasingly difficult to remember the words you learnt in English and are communicating more and more in your first language. Communication with your children and grandchildren is becoming harder as they only ever learnt a few words in your native language. Your friends are dying or moving away to live closer to their children. You can no longer drive the car to get to activities where you can share life, experience and language. Your memory is getting worse and you are finding it increasingly difficult to look after yourself and your partner. Your English language skills have become pretty much non-existent. The tough decision has been made by someone that you need to go into a residential aged care facility. Your family doesn't come to visit because they are busy with their own lives or even if they do visit they can't talk to you anymore. Your friends can't visit because it's too far away or they're too frail themselves. There is no one there who speaks your language, who understands your life experiences. The activities you can do are unfamiliar and don't interest you. The food is strange – there's never anything that you like available.



Imagine this is you. Put yourself in the position where you are powerless to communicate, to request anything, where you are dependent on others all the time. Imagine how important it would be for you to have someone come to visit you who spoke your language; who did things with you that were familiar and had meaning for you; who provided links with your culture and your past. How important do you think this would be for you?

The decision to enter residential care or to place an elderly family member in a nursing home is not always an easy decision for many members of the community. Pride and a desire to remain independent for as long as possible means that many older people put off decision making about residential care in order to remain in their homes or with family for as long as possible and sometimes for too long. Expectations of family support and community care can contribute to delaying decisions about entering care. Fear of loneliness and living communally with people you don't know can also be factors in delaying the decision to enter a residential aged care facility.

Yet no matter how hard or easy the decision to enter residential care for the older person and/or their family and support networks, it can be a difficult transition and older members of the community can find themselves socially isolated with little in common with other residents and no access to interests or activities they were previously involved in. For some, it means limited or reduced contact with family for a whole range of reasons including family breakdown, distance and age of surviving family members. All of these factors can contribute to increased isolation, reduced mental, emotional and physical wellbeing, disconnectedness and a struggle to continue to feel a part of a community.

The above can be the situation for people who speak English and grew up as members of the dominant culture. When you throw into this mix those people from diverse cultural backgrounds and who learnt another language as their first language, the impact of residential aged care on lifestyle and wellbeing can be even more significant.

Access to support and friendships through the Community Visitors Scheme (CVS) are important for those older people in residential aged care facilities who have limited or no links with the outside world. A weekly or fortnightly visit from a well matched volunteer who provides friendship, communication, shares common interests and sometimes just presents a pleasant change from the everyday contacts a resident might have, can be vital in ensuring an ongoing pleasure in someone's life and contributing to positive mental, emotional and physical wellbeing. Access to such a program is just as important to isolated and/or lonely members of ethnic community groups as it is to isolated members of the dominant culture.

There are often many assumptions made about Australia's ethnic communities and the level of culturally and linguistically responsive care required by members of these communities in order to maintain some quality of life. At this point I would like to explore and challenge some of these assumptions.



Assumption: If someone has lived in Australia for a significant period of time, they should be able to speak English and therefore fit into any service.

Reality: No matter how fluent someone may have become in English, the ageing process and dementia related conditions generally results in a reversion to the first language learned. Loss of acquired English language skills may occur slowly or can be quite sudden, and can leave the individual feeling frustrated that they can no longer communicate with staff, fellow residents or their family. It can become extremely difficult to communicate basic needs and lead to frustration and anger at not being understood. In addition, it increases isolation for the elderly person and the subsequent impacts of this.

Assumption: That elderly residents from ethnic communities have lots of support from family and consequently don't need support from a Community Visitor.

Reality: There are cultural assumptions made that just because someone is from an ethnic background they will have the support of extended family and that family members will make regular visits to the resident. But, just like any other population group, elderly ethnic residents may not have support from family. They may be estranged from their family for a range of reasons, their family may live a long way from the facility and as a result can't visit regularly, or the family may not speak the language the ageing family member has reverted to. There may not be any extended family in the state or the country who can provide support.

Assumption: That more than one person of the same cultural and language group in a facility will reduce isolation.

Reality: It is true that two or more residents of the same cultural and linguistic background in the same facility *may* result in a reduction of social isolation. But like with any population group, ethnic communities are not homogenous and assumptions should not be made that residents will have interests or experiences in common, that they will like each other and want to spend time together or that they don't need other contact with people from outside of their living environment. If all cultural groups were homogenous and able to get along, find each other interesting and understand each other's experiences there would be no social isolation experienced in residential aged care facilities and programs such as CVS would not be required. The very fact that such programs exist indicates an understanding that people can be isolated and lonely in a shared living environment.

For culturally and linguistically diverse residents in aged care facilities, regular contact with a community visitor may be the only contact they have with someone who understands them or their only meaningful contact with someone outside of their family. Information provided by ethno-specific and multicultural CVS providers in Victoria indicated that residents in aged care facilities receiving contact from a volunteer felt that they and their culture were more respected when the volunteer was from their cultural and language group, an issue of significant importance to the ageing ethnic groups. Just



as important to the residents is to have visitors of a similar age who had similar experiences as they did of their home country and the process of migration.

The Community Visitor has often played a vital link of providing communication between the resident and the facility, and sometimes with the family. Whilst not taking on a formal interpreting role, the volunteer is often the only opportunity a resident has of getting a message across. This is, unfortunately, the result of a lack of use of interpreters by residential aged care facilities in order to communicate with residents and to develop care plans. Volunteers can and have also played a significant role in providing information about culturally appropriate activities, etc in order to enhance responsive care to the resident.

Volunteers who are able to provide culturally and linguistically responsive support are also able to identify issues that may be occurring for an individual resident in a facility and can then inform the CVS Coordinator at the service they are operating through. This enables the service provider to talk with the facility to improve the situation for the resident and to provide the facility with a greater understanding of the cultural factors that may be influencing the resident. As an example, a volunteer attending a facility noted that staff in the facility were very welcoming and encouraging of visitors and worked hard to ensure residents and visitors had the opportunity to experience quality time together, including through the provision of afternoon tea. The volunteer noted that the facility served tea for the residents and visitors with milk, yet tea with lemon and honey was the preferred cultural option. A quick word to the manager of the facility explaining the cultural preference has resulted in the facility ensuring that lemon and honey are made available to residents, along with milk.

Another example involves a resident with dementia who suddenly refused to get undressed and wanted to go to bed fully clothed and wearing his shoes. After staff in the facility mentioned the situation to the volunteer, she reported it to the CVS Coordinator. The Coordinator was able to provide a visit to the facility and talk to the resident about the situation. As a result they were able to identify that the resident believed they were back in the war and needed to be ready to run at any minute. Consequently, strategies were able to be developed to respond to the resident's fears without causing ongoing re-traumatisation.

The volunteers who are a part of the ethno-specific CVS programs have identified that they get a great deal of satisfaction from visiting isolated older residents in aged care facilities. As many volunteers are themselves older, they recognise the importance of having contact with people who speak their language and understand the experiences they have been through. Many also indicate feelings of gratification when they see the smile on the face of the resident they are visiting and how the resident becomes more engaged.

Staff and volunteers in ethno-specific and multicultural services identify that, for the most part, staff in residential aged care facilities are appreciative of the role of the volunteers in creating a link with language and culture for their ethnic residents. Some have also



identified how the presence of the volunteers has helped to improve their understanding of the resident, their culture and experiences.

Whilst some facilities are very supportive and understand the role of volunteers through the CVS as visitors and friends of the residents, others tend to attempt to use volunteers inappropriately. Different agencies have identified the difficulties they have with facilities expecting volunteers to undertake the role of interpreter, to take residents out of the facility for appointments, etc. Ethno-specific and multicultural service providers recognise the inappropriateness of such actions on the part of the facilities and provide guidance to volunteers on how to respond appropriately to such requests.

It is through the promotion of programs such as CVS and contact between ethno-specific and multicultural service providers and residential aged care facilities that issues and need are identified. Poor assessment with the induction of new residents has meant residents preferred language and cultural background have been inaccurately recorded and inappropriate referrals made to services. Unfortunately, the lack of use of interpreters by the residential aged care sector is highlighted in this process and raises questions about the quality of care residents are receiving if they cannot be communicated with in their first language. Whilst this is frustrating for both the resident and the service provider, it enables the service provider to provide some information to the staff in the residential aged care facility, to assist in identifying the correct cultural background and language spoken by the resident and to make appropriate referrals for assistance.

The recognition of the importance of the culturally and linguistically appropriate and responsive community visitor can be reflected in the requests for service from residential aged care facilities. Most services who provided feedback into this paper identified that they are currently carrying more matches than they are funded for and that they have significant waiting lists. All are receiving regular contact from residential aged care facilities seeking the support for residents who are isolated as a result of their language and culture. At times facilities are desperate to organise a match for a resident they are concerned is isolated and have little understanding of the limitations of existing programs or the process required to make an appropriate match.

Overall, there are both significant needs and benefits for ethnic elderly to have access to culturally and linguistically responsive and appropriate support through the Community Visitors Program. Ethno-specific and multicultural providers have an understanding of the needs and issues affecting the elderly population in their community and of the increased isolation an ethnic resident may experience in a residential care setting. They also have an understanding of the appropriate matches and links between generations in the community, the cultural factors that will support a reduction in the feelings of isolation the resident may experience and the cultural expertise to provide the staff in the residential aged care facility with information and support. Ultimately, through the provision of community visitors who understand the language and culture of the



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residents, the level of social isolation and the quality of contact is improved for the individuals receiving the support of the volunteers.

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