



Chinese Community Social Services Centre Inc.  
(ABN 95 428 365 701)



## **CULTURALLY EQUITABLE GATEWAYS STRATEGY**

### HOME AND COMMUNITY CARE PROGRAM

*Exploring the Barriers in Accessing and Using  
HACC Basic Services within the  
Chinese Community in EMR*

Final Report

By

Chinese Community Social Services Centre Inc.

April 2006

HOME CARE

RESPITE

DELIVERED  
MEALS

PERSONAL  
CARE

HOME  
MAINTENANCE

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Appreciation also extends to the Cities of Manningham, Monash and Whitehorse for their assistance in providing access to the councils' samples.

Finally, the Steering Group of the CEGS Project in Eastern Metropolitan Region (EMR) is much appreciated for their feedback in the development of the questionnaires of this research.

## Glossary

|        |   |
|--------|---|
| ABS    | Australian Bureau of Statistic                |
| ACAS   | Aged Care Assessment Service                  |
| CACPs  | Community Aged Care Packages                  |
| CALD   | Culturally and Linguistically Diverse         |
| CCSSCI | Chinese Community Social Services Centre Inc. |
| CEGS   | Culturally Equitable Gateways Strategy        |
| DHS    | Department of Human Services                  |
| EMR    | Eastern Metropolitan Region                   |
| GP     | General Practitioner                          |
| HACC   | Home and Community Care                       |
| LGA    | Local Government Area                         |
| PAG    | Planned Activity Group                        |

## **Executive Summary**

### ***Background***

This research is part of the Chinese Community Social Services Centre Inc (CCSSCI)'s Culturally Equitable Gateways Strategy (CEGS) Project funded by the Victorian Department of Human Services. It aims to identify the major barriers experienced by Chinese elderly in accessing and using Home and Community Care (HACC) basic services in the cities of Manningham, Monash and Whitehorse in the Eastern Metropolitan Region.

### ***Research Method***

Due to limited knowledge on the research topic, this is an exploratory study focused on the clients' perspective.

The total sample size is 85 drawn from both the User and Non-user Groups. With assistance from the Manningham, Monash and Whitehorse City Councils, all current users of HACC basic services in these municipalities who are Chinese-speaking were contacted by mail seeking their consent to participate in the research project. The Non-user Group comprises of two sub-groups, the members of CCSSCI Planned Activity Groups (PAG) and that of Chinese Elderly Community Groups. All eligible members of the Non-user group – residents in the targeted municipalities who are not current users of Council's HACC basic services or Community Aged Care Packages – were also contacted.

Twenty-three people from the User Group, twenty-two from the PAG and forty from the Community Group participated in the research. Among them, thirty-five are from the City of Manningham, seventeen from Monash and thirty-three from Whitehorse.

Participants from the User Group and PAG were interviewed individually in a Chinese dialect of the participant's choice and focus group interviews were undertaken with the Community Group participants. Quantitative and qualitative data were collected through the use of structured questionnaires, one set for the User Group and the other for the Non-user Group.

### ***Major Findings***

#### **1. Lack of information about/awareness of Council's HACC basic services**

40% of the Community Group respondents had never heard of Council's HACC basic services and a further 55% of them knew Council provided some sort of services, but

were unaware of the service types. The lack of information about particular services can prevent access to such services.

## 2. Inadequate interpreting service

Whilst the entire sample (23 respondents) of the User Group felt that they needed interpreting service during assessment by the Council, only 2 (8.7%) were provided with interpreters. 14 respondents had to rely on their family and friends to interpret for them. The findings have raised concerns about the inadequate provision of interpreting service and the use of unqualified interpreters.

## 3. Communication barriers

Evidence clearly shows that communication barriers severely hamper the dissemination of information, interaction between the client and Council's workers, service effectiveness and clients' satisfaction.

Respondents across the User and Non-user groups would like information about HACC basic services communicated to them in a Chinese dialect of their choice and in written Chinese. 62.4% (53/85) of them also prefer to have direct communication with Council's workers themselves.

## 4. Cultural barriers

Cultural understanding and sensitivity also determine service effectiveness and clients' satisfaction.

User Group respondents recorded positive experience when Council's worker of same cultural background made the initial contact. The User Group also suggested that for service improvement non-Chinese Council workers should develop cultural awareness and be more attuned to the needs of Chinese elderly.

Non-user group respondents point out that cultural understanding related to health care practices, social, religious and life style issues, and dietary needs as well as sensitivity to the matching of gender of the service user and worker in the provision of personal care are crucial to the effectiveness of the services.

## 5. Counter barriers factors

English proficiency and absolute devotion of the family are the two major factors which help the User Group navigate through the HACC service system, to overcome the barriers and successfully access Council's HACC basic services.

## 6. Positive measures undertaken by Local Councils

Positive measures include timely response to applications, provision of interpreting service and written information in Chinese by two Councils, availability of Chinese-speaking workers at one Council and affordability of the Property Maintenance service.

## ***Recommendations***

### Community Education

- A. Prior to Council launching its Community Education Program, an action plan must be formulated and adequate measures in place to respond to the anticipated interest of the targeted CALD community in HACC basic services.
- B. The Community Education Program for the Chinese-Victorian community should be organized on an on-going basis in conjunction with the major Chinese-specific service providers like CCSSCI and other Chinese organizations with the involvement and support of Chinese-speaking GPs and medical practitioners.
- C. Information about HACC basic services to be disseminated must be culturally and linguistically appropriate and must be in written Chinese and/or the Chinese dialect of participants' choice.
- D. Whilst verbal communication through information sessions, radio broadcast, audiotapes and individual face-to-face contact is the preferred option of information delivery, a wide range of other methods should also be used to maximize coverage and ensure effectiveness.

### Assistance in Accessing and Using HACC Basic Services

- E. In the interim period as a temporary measure, CEGS Workers from the participating Councils and CCSSCI should work together to assist individual Chinese-speaking applicants or service users in accessing and utilizing HACC basic services.
- F. The Department of Human Services, Local Councils and CCSSCI will need to examine all possible options and to propose a long term plan to cater for the needs of the rapidly growing Chinese aged population for HACC basic services.

### Provision of a Client-centred Service

- G. Councils should consider a client-centred approach in the provision of HACC basic services. Individual need and choice of the client should be respected and catered for. Clients are the centre of the service and must be involved in making decisions that affect them. To achieve this goal, we would require the commitment of the Council and the breakthrough of accessibility, communication and cultural barriers.
  
- H. Councils should review their staff recruitment and training policies and practices to ensure that more Chinese-speaking workers are employed and cultural awareness training is provided as an integral part of training for staff from the front-line workers to policies makers.
  
- I. To overcome the communication barriers, with which Councils are confronted in the provision of HACC basic services for Chinese-speaking clients, professional and adequate interpreting services must be provided upon the request of client.

### Need of Chinese-speaking Elderly for HACC Basic Services

- J. CCSSCI through its CEGS Project will assist participating Councils in addressing the accessibility, communication and cultural barriers. The success of this working partnership and achievement of the common goal depends on the commitment from both parties, availability of human and financial resources as well as support from the State Government.

### Determinants in Service Effectiveness

- K. There should be further investigation into the most effective (in meeting clients' needs) and most efficient (most economical) option in the provision of HACC basic services, involving the funding bodies and service providers. It is unlikely that there will be one option suitable for all CALD communities as the capacity, expertise and experience in service delivery of each CALD community varies.

## ***Conclusion***

Through the CEGS partnership, the three Local Councils and CCSSCI have made an effort to address and implement some of the recommendations. For example, community education activities have commenced and cultural awareness training for Councils' workers conducted. It is important that the Department of Human Services, Local Councils and the Chinese Community Social Services Centre Inc, in search of a long-term solution, will investigate the most effective and efficient option in the provision of HACC basic services for the Chinese-speaking elderly.

# 1. Introduction

## 1.1 Context

Up until the end of 2003 in Victoria, 60 ethno-specific and multicultural agencies received HACC funding to provide culturally appropriate services to people from the HACC target group of CALD backgrounds. Funding was mainly for social support activities such as Planned Activity Groups (PAGs) and Volunteer co-ordination (Friendly Visiting, Telelink, etc.). Only Jewish Care was funded to provide the HACC basic services of home care and personal care. Among the major service providers, 47 ethno-specific agencies were invited to participate in the Culturally Equitable Gateways Strategy (CEGS) projects, and finally 17 of them received funding.

The CEGS Strategy aims to improve access to mainstream HACC basic services for people from CALD backgrounds. Evidence shows that people from CALD backgrounds are relatively under represented in using HACC basic services compared with people whose first language is English. The Minister for Aged Care has approved \$6.2 million over 3 years for the Strategy. Local governments are the main providers of basic HACC services such as home care, personal care, respite, delivered meals and property maintenance. The strategy's objective is to improve the responsiveness of local governments to people from CALD communities through local governments and ethno specific agencies working in local partnerships.

Based on the EMR Plan 2003-06, two of the seven local government areas in the EMR have CALD 65+ populations greater than the Victorian average of 20.6% per local government area. These are Manningham with 35.19% and Monash with 27%. Moreover, according to the 2001 census, the EMR has the highest number of Chinese speakers aged 65+ (3384), with the highest number in the City of Manningham (847), followed by Whitehorse (836) and Monash (816).

Chinese Community Social Services Centre Inc.(CCSSCI) has been funded by the Victorian Department of Human Services to undertake the CEGS Project in EMR from 2003-06 with the aim to improve the responsiveness of the local government of Monash, Manningham and Whitehorse in delivering HACC basic services to Chinese elderly in these areas.

The first phase of the Project is to conduct a research with the purpose to understand the needs of and barriers experienced by the Chinese elderly in accessing and

utilising the HACC basic services. The results of the findings will be used to improve the access of the growing Chinese elderly population in the EMR. After the completion of the research, action plans will be drawn with consultation with the three Councils and finally an evaluation will be conducted at the end of this three-year CEGS Project.

## **1.2 Aim and Objectives of the research**

This research aims to identify the barriers experienced by Chinese elderly in accessing and using of HACC basic services in the Cities of Monash, Manningham and Whitehorse in the Eastern Metropolitan Region (EMR) of Melbourne.

The project objectives are to:

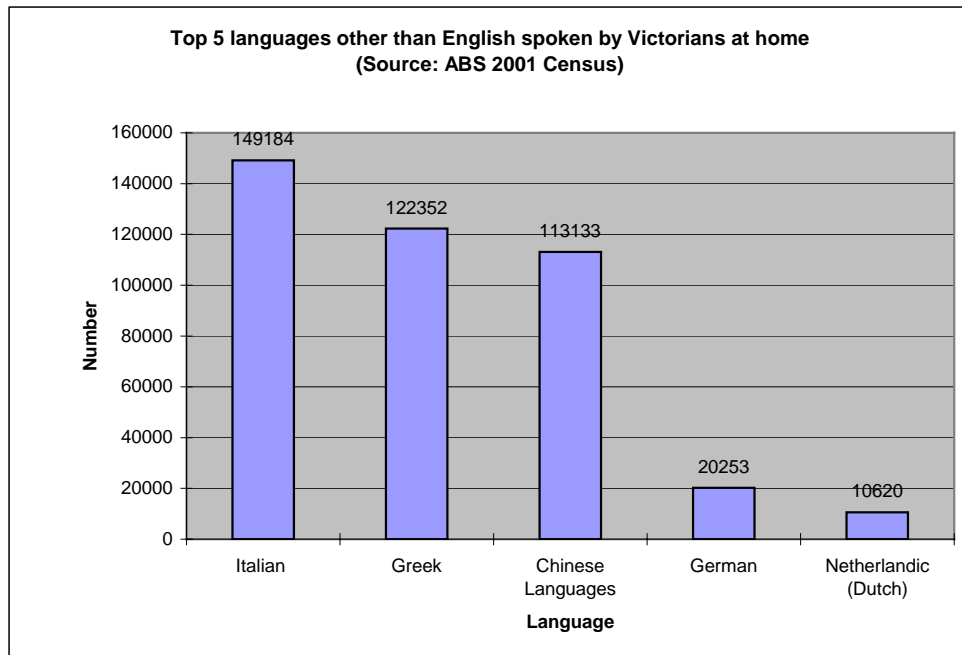
- Examine Chinese older people's knowledge of HACC basic services;
- Investigate barriers experienced by Chinese elderly in accessing and using HACC basic services;
- Identify the experience of current users of Councils' HACC basic services who are of Chinese background with particular attention in the assessment process;
- Identify the needs of Chinese elderly for HACC basic services
- Provide recommendations for funding body and service providers on how to improve access to HACC basic services from CALD backgrounds.

## 1.3 The Chinese-Australian Community in Victoria

### 1.3.1 Chinese-speaking population in Victoria

Chinese Language is the third largest number of languages other than English spoken by Victorians at home (2001 Census). In Chart 1.3.1, based on the 2001 Census, there are 113,133 Victorians who speak Chinese at home.

Chart 1.3.1 Top 5 Languages other than English spoken by Victorians at home  
(Source: ABS 2001 Census)

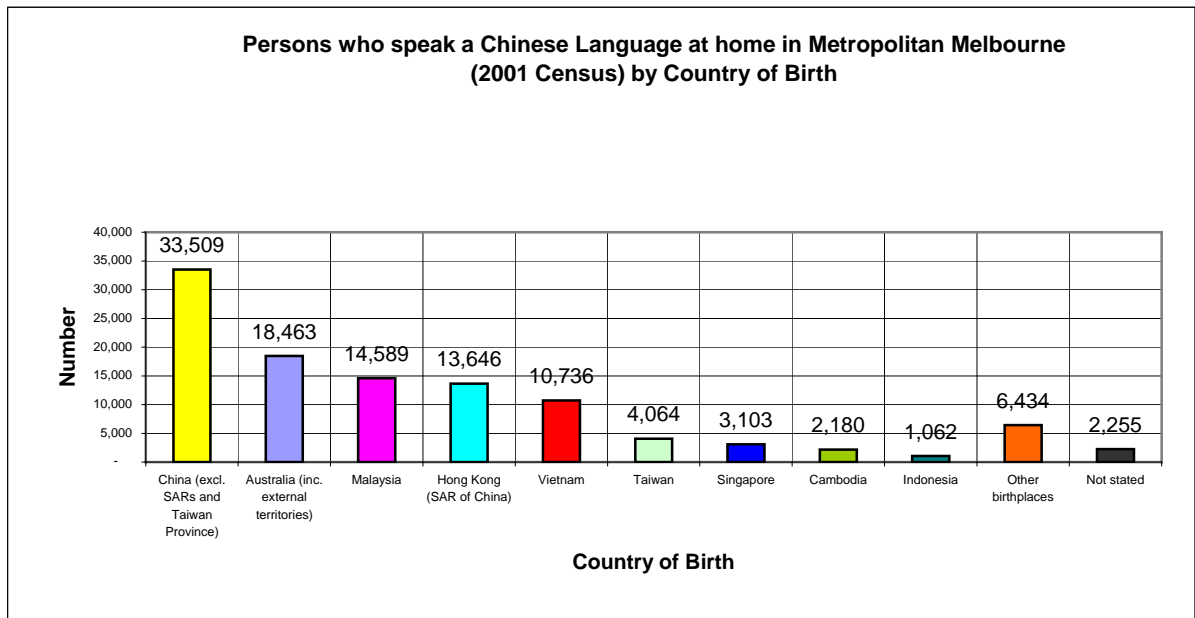


(Prepared by Fred Chuah, J.P. on behalf of Chinese Community Social Services Centre Inc., September 2004)

### 1.3.2 Countries of Birth of Chinese-Australian in Metropolitan Melbourne

Chinese people have migrated to Australia from various parts of Asia predominantly from Malaysia in the 1970's, Vietnam, Cambodia and Taiwan in the 1980's and Hong Kong and China from the mid 1980's to 1993 (Mak and Chan 1995 ). According to the 2001 Census, persons who speak a Chinese language at home in Metropolitan Melbourne by country of birth is shown at Chart 1.3.2.:

Chart 1.3.2 Persons who speak a Chinese Language at home in Metropolitan Melbourne by Country of Birth (2001 Census)



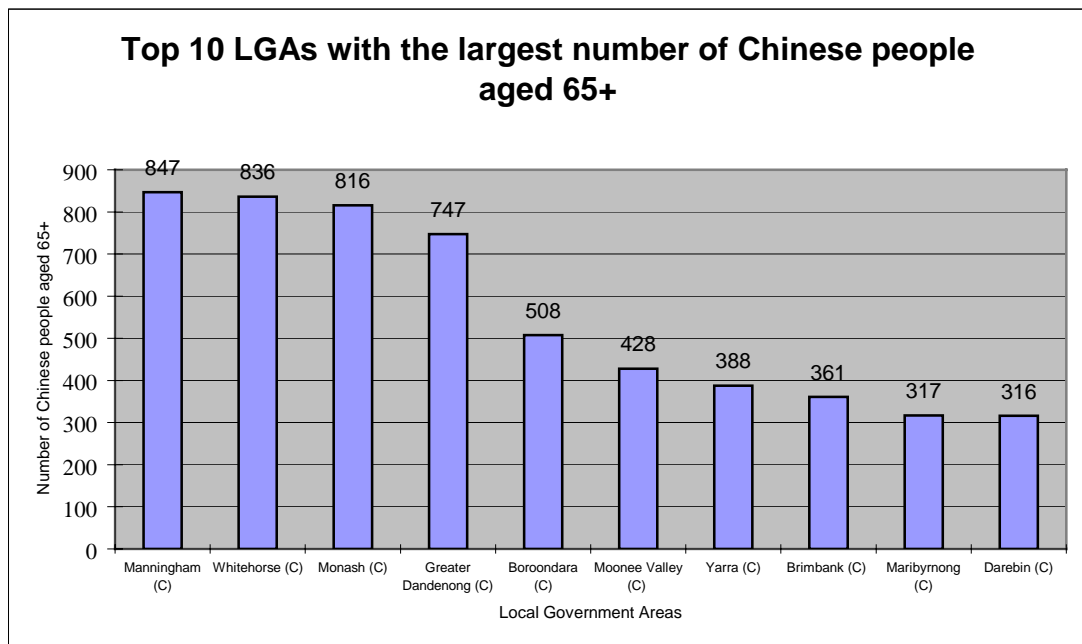
(Prepared by Fred Chuah, J.P. on behalf of Chinese Community Social Services Centre Inc., September 2004)

### 1.3.3 Distribution of Chinese speakers aged 65+ in Local Councils in Victoria

Based on the 2001 Census, the Eastern Metropolitan Region has the highest number of older Chinese speakers in Victoria. There is a total of 3384 Chinese speaking elderly aged over 65, with the highest numbers in the Cities of Manningham, Whitehorse, Monash, then followed by Boroondara and Knox. The second largest is in the Southern region with a total of 1709 aged over 65. Western Region has the third highest number of 1546. Northern Region has the lowest number of 1202.

Chart 1.3.3 shows the Top 10 LGAs with the largest number of Chinese people aged 65+.

Chart 1.3.3 Top 10 LGAs with the largest number of Chinese people aged 65+.



(Prepared by Fred Chuah, J.P. on behalf of Chinese Community Social Services Centre Inc., September 2004)

### 1.3.4 Projection of Chinese aged Population (aged 65 and over) from the year 2001 - 2026

The projected growth of Chinese aged 65+ in 2026 in EMR is 354.61%, which is above the Victorian average of 331.59%. Please refer to Table 1.3.4 for the details of the projection:

Table 1.3.4 Projection of Chinese Aged Population (Aged 65 and over) from the year 2001 – 2026

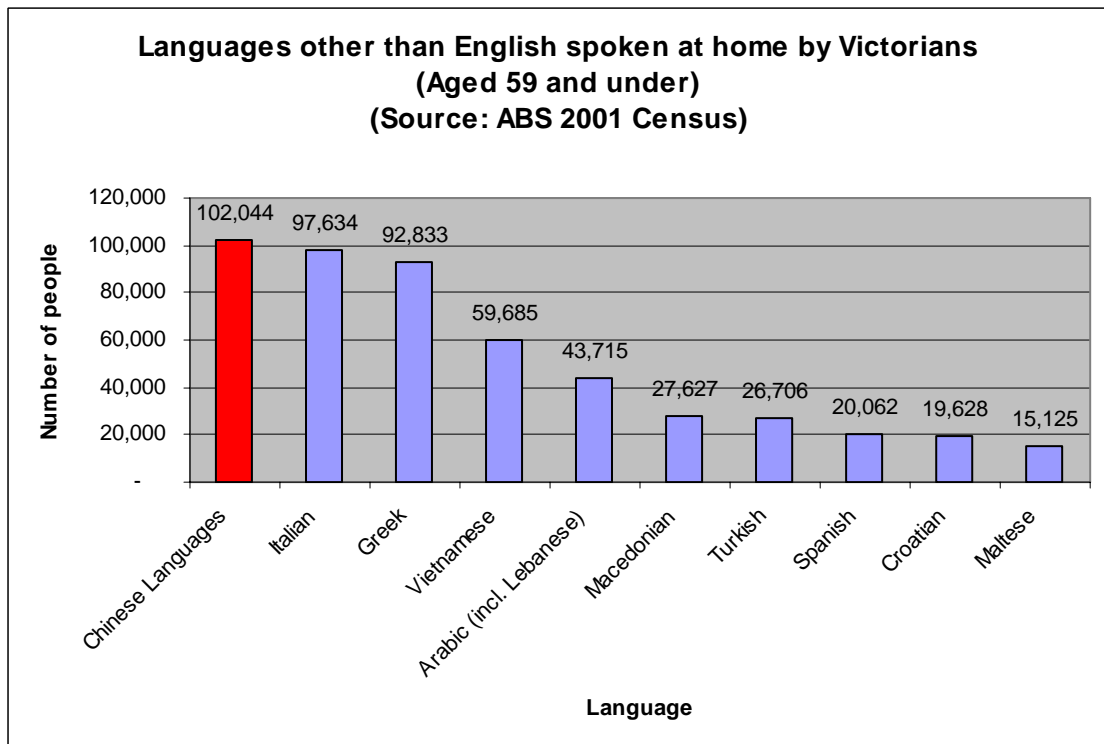
| <b>Projection of Chinese Aged Population (Aged 65 and over) from the year 2001 - 2026</b> |                   |                   |                   |
|---|-------------------|-------------------|-------------------|
| <b>Eastern Metropolitan Region</b>  |                   |                   |                   |
|   |                   | <b>Estimates</b>  | <b>% Increase</b> |
| <b>LGA</b>  | <b>Year 2001*</b> | <b>Year 2026*</b> |                   |
| Boroondara  | 508               |                   |                   |
| Knox  | 293               |                   |                   |
| Manningham  | 847               |                   |                   |
| Maroondah   | 74                |                   |                   |
| Monash  | 816               |                   |                   |
| Whitehorse  | 836               |                   |                   |
| Yarra Ranges  | 10                |                   |                   |
| <b>Sub-total</b>  | <b>3,384</b>      | <b>12,000</b>     | <b>354.61%</b>    |
| <b>Northern Metropolitan Region</b>   |                   |                   |                   |
|   |                   | <b>Estimates</b>  |                   |
| <b>LGA</b>  | <b>Year 2001</b>  | <b>Year 2026</b>  |                   |
| Banyule   | 139               |                   |                   |
| Darebin   | 316               |                   |                   |
| Hume  | 69                |                   |                   |
| Moreland  | 161               |                   |                   |
| Nillumbik   | 12                |                   |                   |
| Whittlesea  | 117               |                   |                   |
| Yarra   | 388               |                   |                   |
| <b>Sub-total</b>  | <b>1,202</b>      | <b>4,000</b>      | <b>332.78%</b>    |
| <b>Southern Metropolitan Region</b>   |                   |                   |                   |
|   |                   | <b>Estimates</b>  |                   |
| <b>LGA</b>  | <b>Year 2001</b>  | <b>Year 2026</b>  |                   |
| Bayside   | 72                |                   |                   |
| Cardinia  | 3                 |                   |                   |
| Casey   | 173               |                   |                   |
| Frankston   | 24                |                   |                   |
| Glen Eira   | 199               |                   |                   |
| Greater Dandenong   | 747               |                   |                   |
| Kingston  | 210               |                   |                   |
| Mornington Peninsula  | 18                |                   |                   |
| Port Phillip  | 80                |                   |                   |
| Stonnington   | 183               |                   |                   |
| <b>Sub-total</b>  | <b>1,709</b>      | <b>6,000</b>      | <b>351.08%</b>    |
| <b>Western Metropolitan Region</b>  |                   |                   |                   |
|   |                   | <b>Estimates</b>  |                   |
| <b>LGA</b>  | <b>Year 2001</b>  | <b>Year 2026</b>  |                   |
| Brimbank  | 361               |                   |                   |
| Hobsons Bay   | 115               |                   |                   |
| Maribyrnong   | 317               |                   |                   |
| Melbourne   | 255               |                   |                   |
| Melton  | 33                |                   |                   |
| Moonee Valley   | 428               |                   |                   |
| Wyndham   | 37                |                   |                   |
| <b>Sub-total</b>  | <b>1,546</b>      | <b>4,000</b>      | <b>258.73%</b>    |
| <b>Grand Total</b>  | <b>7,841</b>      | <b>26,000</b>     | <b>331.59%</b>    |
| * 2001 Figures are from the Australian Bureau of Statistics 2001 Census                   |                   |                   |                   |
| * 2026 Estimates are from the Australian Institute of Health and Welfare                  |                   |                   |                   |

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### 1.3.5 Chinese speaking community (Aged 59 and under)

According to the 2001 Census, in Victoria, Chinese languages have the largest number of people for the age group 59 and under, followed by Italian and Greek. (ABS 2001 Census Chart 1.3). That means the growing number of the aged Chinese population in Victoria will pose significant challenges to the aged care service provision sector in future.

Chart 1.3.5: Languages other than English spoken at home by Victorians



(Prepared by Fred Chuah, J.P. on behalf of Chinese Community Social Services Centre Inc., September 2004)

## 1.4 Chinese Culture and Language

“Recent studies have found that, in general, despite the diversity in country of origin and socio-economic status, Chinese families in Australia retain something of their original cultural beliefs.” (J Martin 1998.)

Moreover, the Chinese in Australia often formed themselves into different groups/associations with their own spoken languages, cultural practices and their own temple (Australian Heritage Commission, 2005)

### 1.4.1 Language

Chinese ‘language’ includes over 20 different dialects. Majority of the Chinese migrants from China speak Mandarin, followed by Shanghaiese, Hokkien, Hakka and Teochew, while most people from Southern China including Hong Kong speak Cantonese, those from Malaysia and Singapore speak Mandarin, Hokkien and Hakka, and those from Vietnam speak Cantonese and Teochew.

In written language, simplified Chinese is used in China since 1949, while traditional Chinese is still used in Hong Kong and Taiwan. Therefore, for those Chinese elderly who were born and educated in China before 1949 are able to read traditional Chinese.

### 1.4.2 Culture

The main features of Chinese culture are as follows:

#### 1. Respect for elders and filial piety

The importance of the family in Chinese culture is well documented dating back to the earliest record of Chinese civilisation (J Martin, 1998). The order of importance of family relationships within traditional Chinese culture is described below:

*Blood relatives are as close as the branches of a tree, yet their relationship can still be differentiated according to importance and priority; parents should be considered before brothers, and brothers should be considered before wives and children.* (J Martin, 1998)

Respect for elders and filial piety are important features of Chinese culture. However, intergenerational conflict was an issue when young people adapted to more of a western lifestyle while the older generation more likely to follow traditional practices and beliefs. Conflict can occur when Chinese adult children in Australia no longer follow the Chinese value of 'filial piety'.

## 2. Living arrangement

The following definitions of Nuclear and Extended families are adopted:

Nuclear family – lives with wife and children

Extended family- lives with other members of the family

Most of the second generation of Chinese migrants raise their own nuclear families after their marriage. Sometimes, conflicts arise when expectation of the elderly to live with their adult children cannot be matched.

## 3. Diet

The staple food of people from Southern China is rice while those from Northern China are wheat-based food such as noodles. Besides, elderly Chinese seldom eat uncooked vegetables like those prepared in salad type of western culture.

Moreover, a healthy diet relates to concept of 'yin' and 'yan', which emphasising the balance of colour, flavours and textures.

## 4. Chinese festivals

Most Chinese celebrate the following festivals:

- Chinese New Year
- Dragon Boat Festival
- Moon Cake Festival (Mid-autumn Festival)

In this research, the term "Chinese" includes people of Chinese origin who observe the Chinese culture even though they may not speak any Chinese languages. For example, there may be people from Malaysia who are of Chinese origin, are educated in English but still observe certain norms and values of Chinese culture and identify themselves as 'Chinese'.

Moreover, 'Chinese culture' usually refers to the cultural practice in China, Taiwan and Hong Kong, while those from other Asian countries, such as Vietnam, Singapore and Malaysia, can be regarded as sub-culture. Therefore, although the term 'Chinese speaking' is used in describing a common characteristic of the Chinese community, Chinese speaking people from different countries may have varying cultural backgrounds as mentioned earlier. For example, their diet and celebration of festivals may be different. Yet, respect for elders and filial piety is the most common cultural practice in Chinese community in most Asian countries.

## 2. Literature Review

There is no specific research conducted regarding the experience of Chinese elderly using community services by the Chinese elderly specifically on HACC basic services in Victoria. Due to the lack of existing knowledge, the following similar researched reports are used for literature review.

The most comprehensive review is based on the research findings of the *Community and Institutional Care for Aged Migrants in Australia* conducted by Australian Institute of Multicultural Affairs (AIMA) in 1986. The aim of this research was to examine the circumstances of the ethnic aged, use of community services, access and suitability of institutional care, both mainstream and ethno-specific, and the role of family and informal supports. Overall, the research has shown that the CALD elderly people were less aware of the existence of community care services than those from English-speaking background. Lack of knowledge of the availability of the service was partly responsible by the cultural inappropriateness of the services and inability to communicate with workers due to language barriers. It was recognised that interpretation services was not a substitute for ethnic staff in the health care and welfare service system. An important element in assessing the situation of the aged was the extent to which they were able to draw on the support and assistance of others when needed. Marital status and living arrangements indicate important potential sources of support. One of the recommendations was to maintain a broadly based coalition between the various levels of government and community, so that the desirable and necessary changes could be achieved and then maintained so that access, equity and appropriateness of services would be available to Australia's aged of whatever ethnic background.

The *Survey of Access to Home and Community Care Services* by the Centre for Applied Gerontology at the Bundoora Extended Care Centre in 1996 revealed some general aspects of access to HACC services. The survey aimed to identify the ways that providers went about dealing with the demand confronting them, and especially how they decided which clients should be given priority access and how much service they should receive when demand exceeded service capacity. The overall findings indicated that the major part of HACC expenditure was allocated subject to some degree of targeting. The main area to emerge as requiring attention was the diversity of approaches to targeting and differences between projects operating at different scales and providing different bundles of services.

In 1998, a research on “Cultural Diversity and Practice with Australians of Chinese Background: Consumer Perspectives” was conducted by Jennifer Martin of the Department of Social Science and Planning in the RMIT University. This study was conducted in view of the low utilisation of mainstream health and social services by people of Chinese background in Australia, which is also accompanied by a paucity of literature identifying key issues relevant to working with people from different Chinese backgrounds. The study was designed to develop a framework that would provide a means of collecting and disseminating detailed information on different Chinese communities to researcher, educators, practitioners and policy makers in the health and welfare sector and of interest to the community in general. Countries included in the study were Cambodia, China, Hong Kong and Malaysia.

This study has highlighted the diversity both within and between the four Chinese communities in Melbourne. Difficulties in communicating in the English language were reported by all groups, with the exception of the Malaysian group. The continued practice of Chinese culture in Australia was generally regarded as important by all groups with differences noted across the generations.

Another review is from the study *Forty Years Later: A Demographic and Needs Analysis Study of Victoria's Australian Greek Elders* by Fronditha in 1998, which aimed to assist those who were planning or providing social support services to minority groups, especially to Australian Greek elders. Again, the data clearly indicated that support came primarily from the family, and that Greek-born elders received far less formal assistance than their Australian-born elderly. The services which participants required most were housework, gardening and minor house repairs. Communication and cultural issues were main factors affecting access to services. Of the 250 participants, only 9% responded to questions about how they had located the services they were using. This low response rate reflected the general lack of knowledge and under-utilization of services already reported. Importantly, participants made it clear that culture permeated all human needs, and had a pervasive influence on all life tasks and daily activities.

A review based on the research of *Older Italian-Australians' Use of and Satisfaction with Health and Community Services* by La Trobe University and Co.As.It in 2002 stated that there was little information on the comparative health or mental health status of older Australian from CALD backgrounds. The aim of this research was to find out the affordability, availability and accessibility from both of the mainstream and culture-specific services to older Italian-Australians. The survey provided strong

support for the notion of cultural specificity in service provision. Between about one-quarter and one-fifth of the sample had never heard of community health centres, personal care, home nursing, day centres, or respite care. With the exception of meals-on-wheels, most services received high satisfaction ratings when the clients were communicated in Italian with the workers. For several services, being spoken to in Italian often or always was a strong predictor of satisfaction with the service. Lack of interpreter services was a highly pertinent issue for participants, figured in dissatisfaction with the doctor, hospital, home care, personal care, and meals-on-wheels. People were more likely to report having difficulty accessing a service if their health was poor or they did not speak English well, if they did not speak English at home, and if they identified themselves as Italian only.

### 3. Research Design and Method

#### 3.1 Research Design

This research is an exploratory study since there is no existing knowledge regarding the experience of Chinese elderly in using HACC basic services in Victoria.

The research aims at identifying the barriers experienced by Chinese elderly in accessing and using of the HACC basic services. Data was collected from both current users of Councils' HACC basic services and non-users.

The User Group included users of the HACC services who are of Chinese origin from the three municipalities of Manningham, Monash and Whitehorse. The Non-user Group included members of CCSSCI PAGs and Chinese Elderly Community Groups who are of Chinese origin and are residents of the targeted municipalities.

#### 3.2 Research Method

Individual as well as focus group interviews with a structured questionnaire were used to collect quantitative and qualitative information from the respondents. The outlines of the questionnaire of the two groups are as follows:

Outline of questionnaire

of User Group:

Part 1

Personal details of respondents &  
HACC basic services used

Part 2

Knowledge of HACC basic services

Part 3

Initial contact with council

Part 4

Process of assessment

Part 5

Effectiveness of services

Outline of questionnaire

of Non-user group:

Part 1

Personal details of respondents

Part 2

Knowledge of HACC basic services

Part 3

Need Analysis

Part 4

General comments & recommendation

All interviews were conducted by CCSSCI CEGS's Project Worker from February to April 2005 in the interviewee's preferred Chinese dialect. Respondents of the User Group and from CCSSCI PAGs were interviewed individually. Each individual interview lasted, on average, an hour and fifteen minutes. However, due to the number of participants involved and time constraints, focus group interviews were undertaken with the Chinese Elderly Community Groups.

### 3.3 Sample

Three sample groups were chosen as follows

#### **Users of current HACC basic services:**

##### 1. Current users of the Council's HACC basic services

Current users of the Council's HACC basic services were chosen because they can provide valuable feedback regarding their experience in accessing and using of the services.

The sample of this group includes all users who are of Chinese origin currently using HACC basic services provided by the Cities of Manningham, Monash & Whitehorse.

One hundred & sixty-seven invitations to participate in the research were distributed to the current HACC users through their respective Council with a covering letter and consent form in both English and Chinese. Consent forms were returned with stamped, addressed envelopes directly to CCSSCI. Individual interviews were then organized.

Number of invitations sent and acceptance received from current HACC basic service users:

|                       | <b>Manningham</b> | <b>Monash</b> | <b>Whitehorse</b> | <b>Total</b> |
|-----------------------|-------------------|---------------|-------------------|--------------|
| Number of invitations | 84                | 26            | 57                | 167          |
| Number of acceptance  | 10                | 4             | 9                 | 23           |
| Response rate %       | 12%               | 15%           | 16%               | 14%          |

#### **Non-users of HACC basic services:**

##### 1. Members from CCSSCI's PAGs

Members from CCSSCI's PAGs are chosen because they are the potential applicants and users of the HACC basic services. Therefore, their knowledge of the services, current and future needs, and recommendation will be useful in this research.

The sample of this group includes all participants of CCSSCI's PAGs residing in the targeted municipalities, excluding those who are current HACC basic users and CACPs users.

Invitation letters and consent forms were distributed to those residing in the three municipalities on the day when they attended the PAGs. Individual interviews were organized when they consented to participate.

Number of invitations sent and acceptance received from CCSSCI's PAGs:

|                       | <b>Manningham</b> | <b>Monash</b> | <b>Whitehorse</b> | <b>Total</b> |
|-----------------------|-------------------|---------------|-------------------|--------------|
| Number of invitations | 14                | 17            | 25                | 56           |
| Number of acceptance  | 5                 | 7             | 10                | 22           |
| Response rate %       | 36%               | 41%           | 40%               | 39%          |

## 2. Members of Chinese Elderly Community Groups

Members of Chinese Elderly Community Groups were chosen in the sample because they are potential applicants and users of the HACC basic services. Their knowledge, needs and recommendation of the services will provide significant input to this research.

The sample of this group includes members of the chosen elderly groups residing in the three municipalities, excluding those who are current HACC basic users and CACPs users. To achieve an even distribution of this sample across the three municipalities, the following Chinese elderly groups were selected:

1. Eastern Region Chinese Social Club
2. The Chinese Senior Citizen's Club of Manningham
3. Waverley Chinese Senior Citizens Club Inc.

Membership requirements of the Chinese Senior Citizen's Club of Manningham and Waverley Chinese Senior Citizens Club refer to Chinese elderly aged 60 or above, residing in the City of Manningham or Monash respectively. For the Eastern Region Chinese Social Club, members have to be aged 60 and above, and reside in the Eastern Region.

Visits to the relevant clubs were organized with the Management Committee in advance. Focus group interviews were undertaken with members who have agreed to participate in the research on a voluntary basis.

Number of invitations sent and acceptance received from Chinese Elderly Community Groups:

|                       | <b>Manningham</b> | <b>Monash</b> | <b>Whitehorse</b> | <b>Total</b> |
|-----------------------|-------------------|---------------|-------------------|--------------|
| Number of invitations | 30                | 27            | 18                | 75           |
| Number of acceptance  | 20                | 6             | 14                | 40           |
| Response rate %       | 67%               | 22%           | 78%               | 53%          |

## 3.4 Limitations

### 3.4.1 Allegedly low response rate from the User Group

Although with the arrangement of interview acceptance letters to be returned to CCSSCI directly as a measure to eliminate the fear of exposure of personal information, the response rate of 14% from the Council's User Group sample is lower than anticipated.

According to the most updated figure later provided by the three councils in June 05 (Table 3.4), the total number of current clients who speak Chinese was 143 in December 2004. Our invitation letters, a total of 167, were sent out in December 2004. Therefore, the 167 invitations sent in December 2004 do not reflect the whole population of Chinese-speaking HACC basic services' clients in the targeted areas. The response rate is thus inaccurate and redundant.

Table 3.4 Clients aged 65+ currently using HACC core services who speak a Chinese dialect at home:

|                   | Dec. 04 | Jan.05 | Feb.05 | March05 | April 05 | May 05 |
|-------------------|---------|--------|--------|---------|----------|--------|
| <b>Manningham</b> | 62      | 79     | 80     | 109     | 67       | 70     |
| <b>Monash</b>     | 35      | 34     | 35     | 37      | 39       | 33     |
| <b>Whitehorse</b> | 46      | 42     | 44     | 48      | 49       | 52     |
| <b>Total</b>      | 143     | 155    | 159    | 194     | 155      | 155    |

### 3.4.2 Research bias

The established relationship between PAG respondents and the CCSSCI and its staff workers may introduce research bias to the findings. We try to overcome this by not involving PAG Workers in the interviews. The CEGS worker who conducted all the interviews with this sample group is not involved in the PAGs.

### 3.4.3 Focus Group Interview

Because of time constraint, focus group interview was used to obtain data from the Community Group sample. Though respondents were encouraged to answer all of the open questions, the qualitative data obtained is not as thorough as those from individual interviews. Yet, the design of the questionnaire still provides a lot of valuable data.

### 3.4.4 Input from the participating councils

Representatives from the participating Councils have not been interviewed due to the scope of the research. However, Councils have provided their feedback through the EMR CEGS Steering Group Meeting and the Working Group Meeting between CCSSCI and Councils. The following feedback was obtained:

“Councils have not been spoken to and our systems and policies have not been identified within this process. This makes it seem that we do not have practices in place to meet the needs of the CALD communities.”

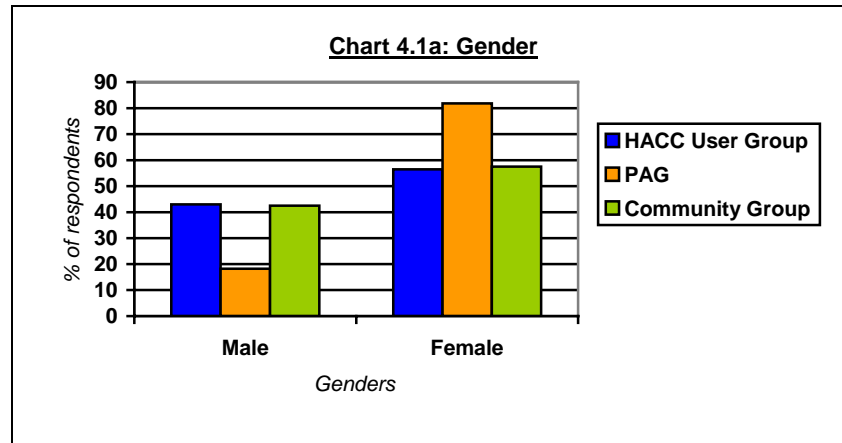
“One of the limitations of the report was that it was only from the client perspective and that further research of issues from the perspective of service providers was required.”

“Councils do and have for a long time used interpreters. We all have language services policies that are well entrenched into our service models and systems.”

## 4. Results

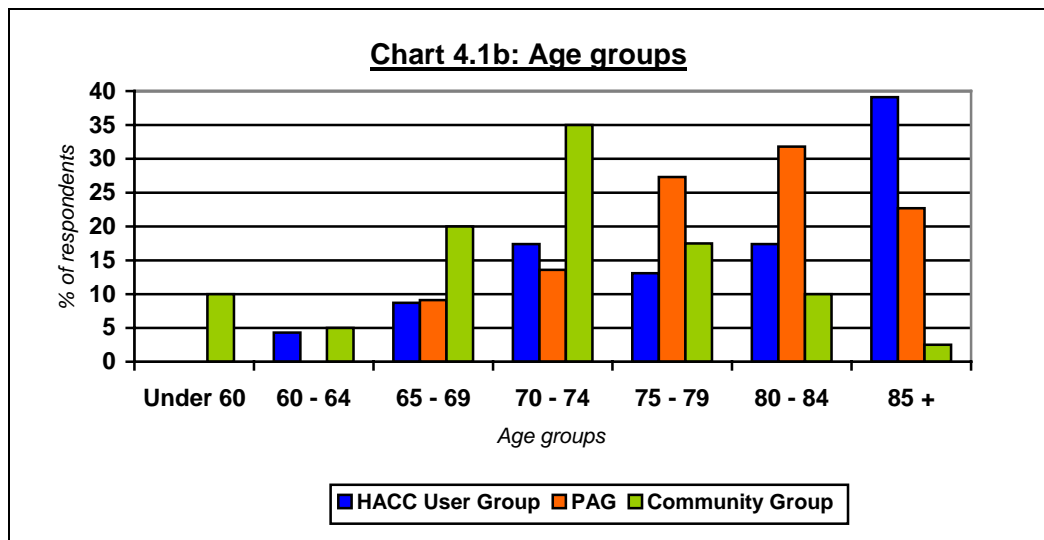
### 4.1 Profiles of Respondents

#### 4.1.1 Gender



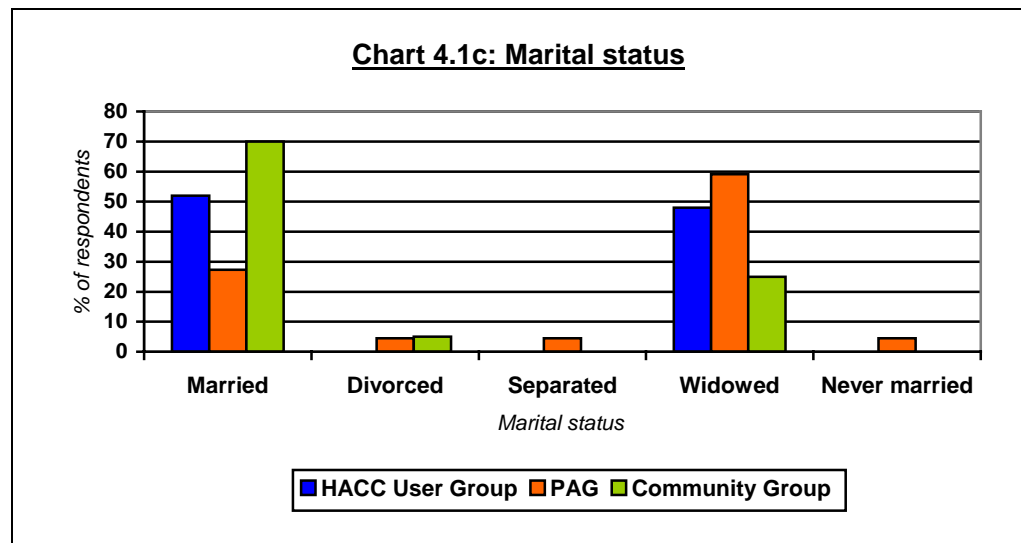
- All three groups have a high percentage of female respondents, 81.8% (18/22) in PAG Group, 57.5 % (23/40) in Community Group and 56.5% (13/23) in HACC User Group.

#### 4.1.2 Age



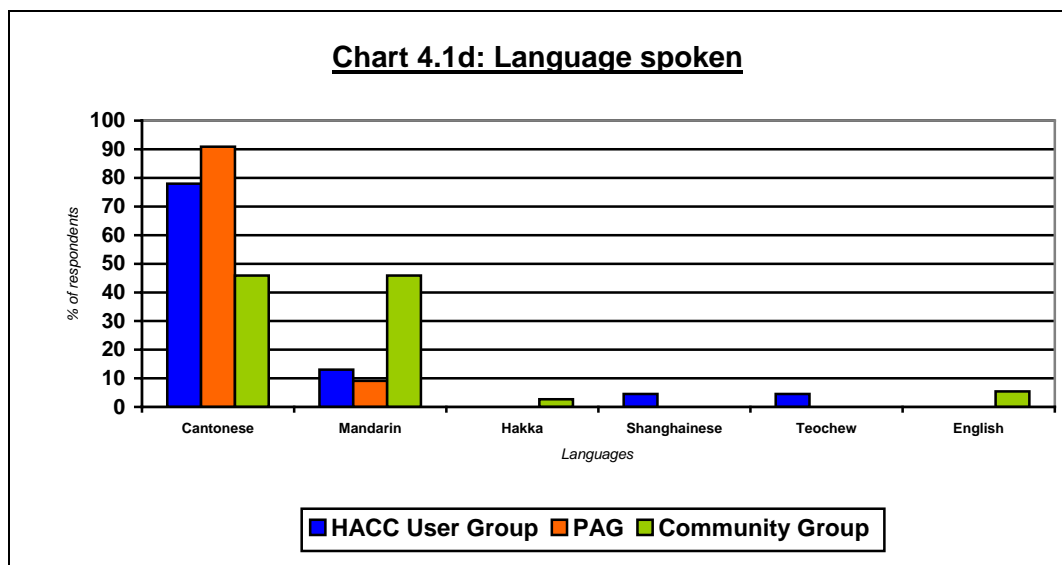
- The User Group has 56.5% (13/23) of respondents aged over 80.
- The PAG has 54.5% (12/22) of respondents aged over 80.
- The Community Group is the youngest among the 3 samples, with only 12.5% (5/40) aged over 80.

### 4.1.3 Marital Status



- The Community Group has the highest percentage of married respondents 70% (28/40), followed by the User Group of 52% (12/23) and the PAG Group of 27.3 % (6/22) only.
- Marital status is one of the indicators of social support network, for example, those who are married may find it easier to draw support and assistance from their spouse.

### 4.1.4 Language Spoken



- All respondents in the User group and the PAG group are Chinese speaking.
- Only 2 respondents from Malaysia in the Community Group speak English at home.
- The percentage of Cantonese and Mandarin speaking respondents are the same within the Community Group (42.5% Mandarin, 42.5% Cantonese).

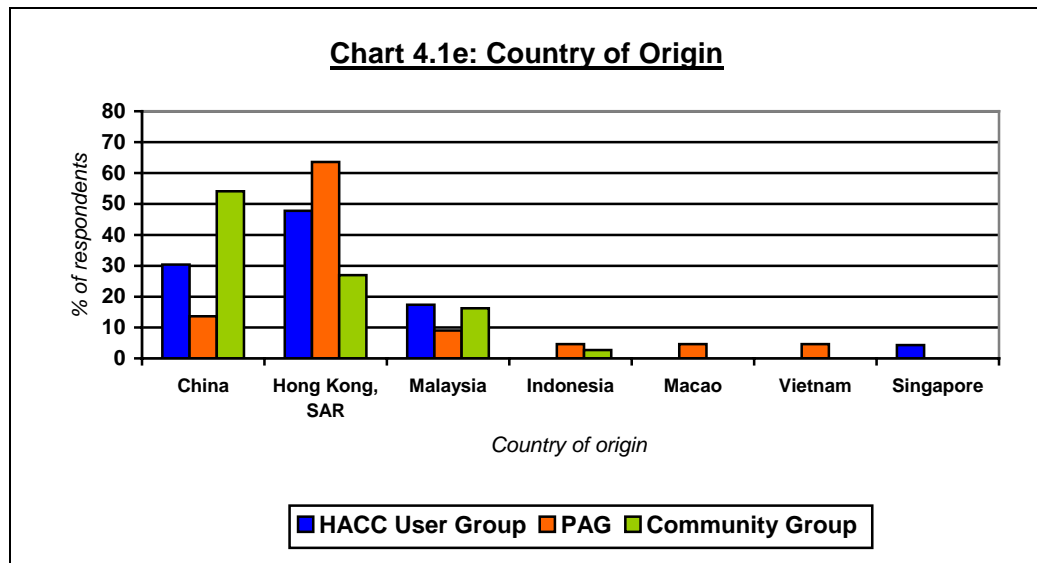
#### 4.1.5 Ability to read Chinese

- All respondents in the User Group can read Chinese.
- Majority of the respondents in the PAG Group & the Community Group can read Chinese. Only 13% in both groups cannot read Chinese, which means that information dissemination for those who cannot read Chinese have to be in the form of verbal communication such as radio broadcasts, video or audio tapes etc.

#### 4.1.6 Education

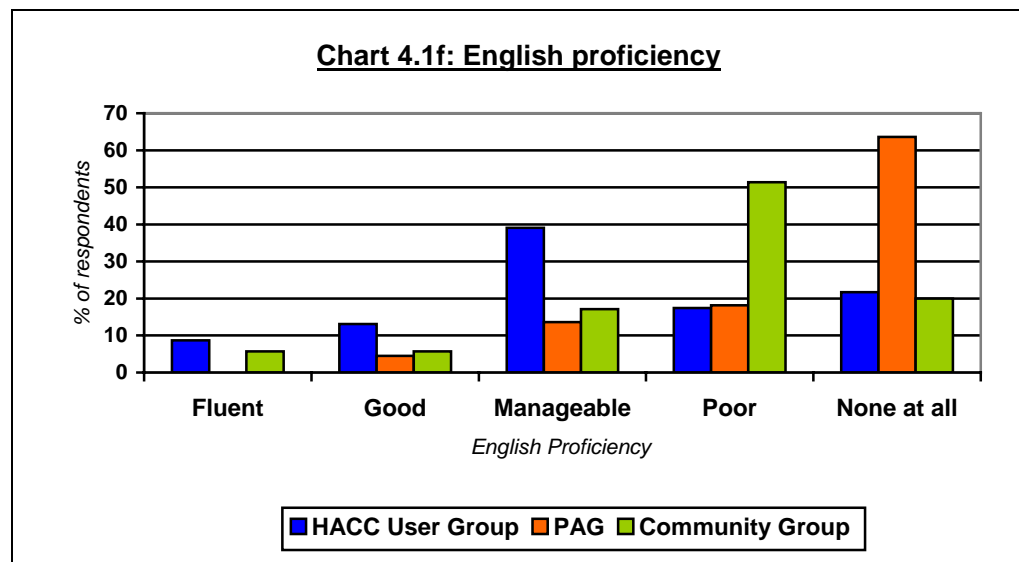
- The User group has the highest percentage of respondents (73%) whose education level is from primary to senior high; only one respondent has no formal education.
- The PAG Group's education level is the lowest, with 63.6% having no education to primary only. This group also has the highest percentage of female (82.8%)
- The Community Group has the highest education level with 57.5% having tertiary to postgraduate education, and 22.5% senior high.

#### 4.1.7 Country of Origin



- Majority of the respondents are from China and Hong Kong, 81% in the Community Group, 78.2% in the User group and 77.2 % in PAG Group.

#### 4.1.8 English Proficiency

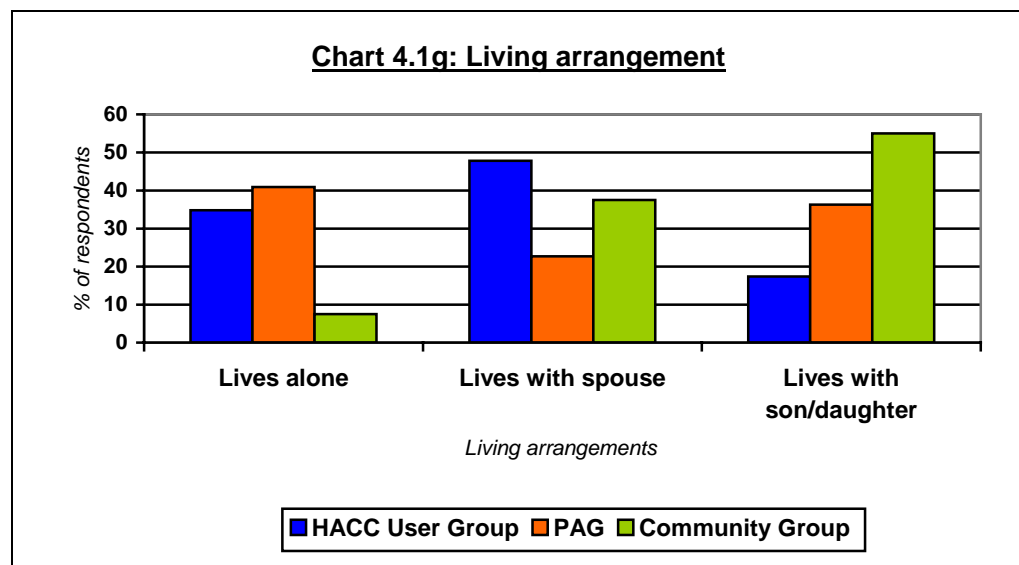


- The User Group has the highest English proficiency level with 60.9% of them can manage day-to-day conversation.
- The PAG Group respondents' English proficiency level is the lowest among the 3 groups, with 81.8 % of them from 'Poor' to 'None at all'. As shown

earlier, this group has the lowest level of education level and highest number of female respondents.

- Although the Community Group has the highest education level, the English proficiency level is low, with 75 % of them from 'Poor' to 'None at all'. This can be explained that the majority of respondents in this group are new settlers to Australia.

#### 4.1.9 Living Arrangement



- Both the User Group (34.8%) and the PAG Group (40.9%) have a higher percentage of respondents living alone when compared with the Community Group (7.5%). The living arrangement of elderly will have significant impact on the need of services. For those who are living alone with no immediate family support are more likely to use HACC basic services.
- However, in the User Group, the number of respondents living with spouse is even higher (47.8%), which may explain the reason why Personal Care service is not required as the spouse may be able to perform this task for them.

#### 4.1.10 Other important findings from the profiles of respondents

##### A. Mobility of Non-user Group

- The entire sample of PAG Group relies on the transport service provided by CCSSCI to attend PAG.

- However, the great majority of the Community Group can make their own way to their group meeting/activities. The figures are as follows:

| <b>Mode of Transport</b>               | <b>Number of respondents in Community Group</b> |
|--|---|
| Public transport                       | 19  |
| Walking                                | 8   |
| Driving own vehicle                    | 8   |
| Transport provided by families/friends | 5   |

**B. Additional Information collected from the PAG Groups:**

***Information of CCSSCI PAG service:***

- Almost half (10/22) of the respondents found out about CCSSCI PAG services from family (2/10), friends (7/10) and neighbours (1/10).
- 40.9% (9/22) found out about CCSSCI PAG services through our promotional activities including information disseminated through Chinese radio and newspapers and CCSSCI's brochures/newsletters.
- One respondent learnt about CCSSCI's PAG services from a Chinese Church, one from Aged Care Assessment Service (ACAS) and one from mainstream organization.

***Care Arrangement:***

- 50% of the respondents in the PAG have no one to look after them when they can no longer care for themselves. This is contrary to the Chinese tradition that Chinese elderly are being cared for by their families.

***Information of community support services provided by local councils:***

- More than 3 quarters (17/22) of the PAG respondents know about the support services provided by Council.
- Cross variables examination showed that those respondents who have been on the PAG program longer (between 3-5 years), the more knowledge they have about HACC basic services. This finding demonstrates the point made by Anna Howe in the consultation paper of "Strategic Directions in Assessment" (October 2004), which stated that "Agencies providing other services, for example, PAG or services involving volunteer support - generally have a good profile in their particular community and are known to other HACC agencies. If so, they are able to provide an important point of entry to wider primary care and community

services. This is particularly so for ethno-specific agencies and the role they play for members of their community.” (1)

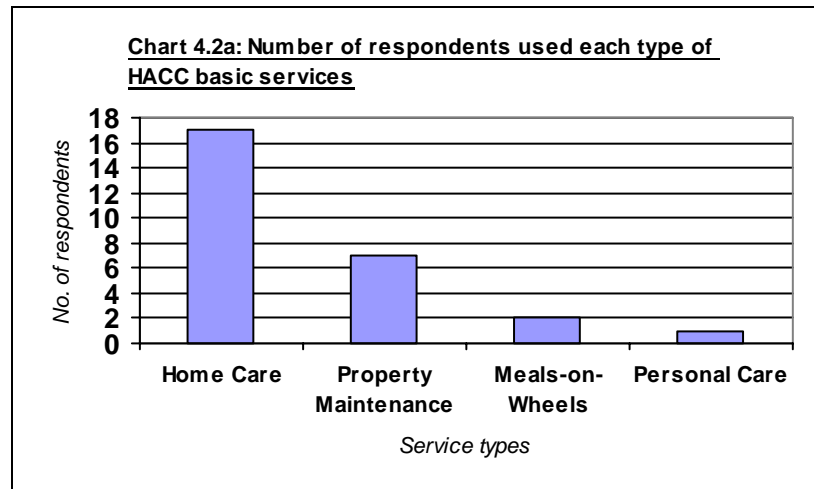
### **C. Summary of Profiles**

- The findings have shown that the characteristics of the two Non-user Groups are substantially different. The PAG Group has more in common with the User Group than with the Community Group: they are older, less mobile and have greater need for social support and assistance for independent living at home. This indicates most respondents in the PAG Group will be eligible for HACC basic services.

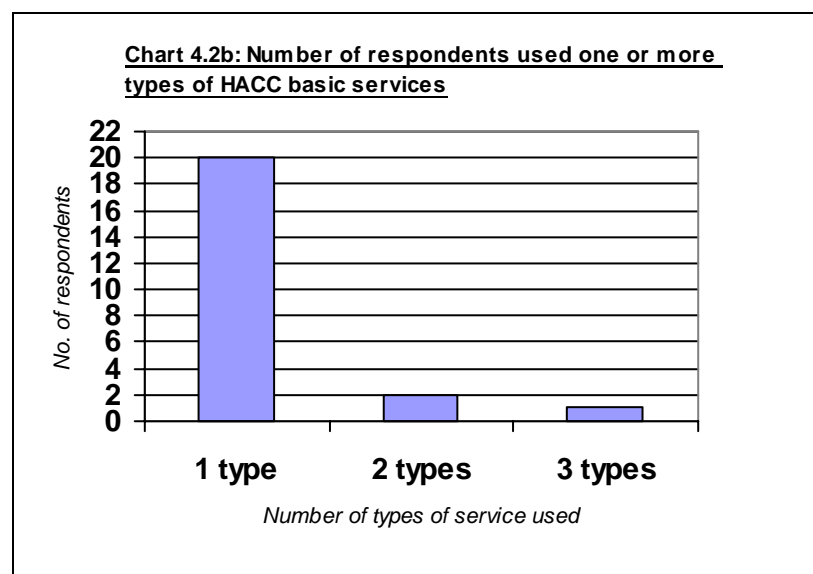
(1) Source: Anna Howe & Deb Warren, “Strategic Directions in Assessment, Victoria Home and Community Care Program – Consultation Paper”, Victorian Government DHS, Oct. 2004, pp.19.

## 4.2 Results of User Group

### 4.2.1 Types of services used



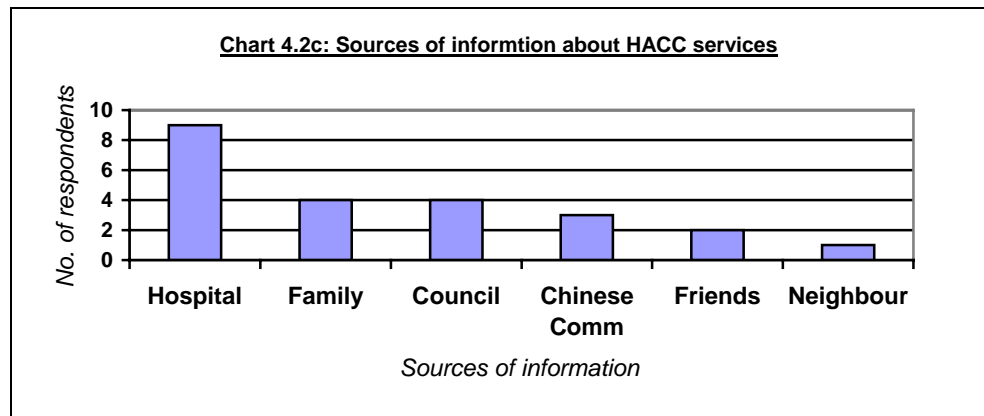
- Majority (91.3%) of the respondents in the User Group used either Home Care or Property maintenance which is considered involving minimal communication between the service users & Council worker, or services can be pre-arranged between services user's family/advocate & council. Two respondents in this group also receive meals-on-wheels service.
- Only one respondent used the provision of Personal Care which required the understanding of cultural practices/norms in catering for the specific care needs, and direct communication between the service user and the worker.



- 20 respondents used only one type of HACC basic service.
- Only 3 respondents used more than one type of services.

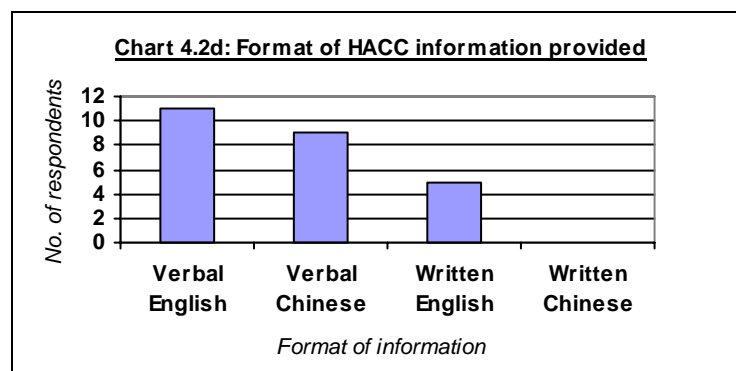
## 4.2.2 Knowledge of HACC basic services

### A. Awareness of HACC services:



- There are mainly three sources from which the respondents learn about the HACC services:-
  - a. Social support network – 43.5 % (10 out of 23) learnt about HACC services through family (4/10), friends (2/10), neighbour (1/10) or Chinese Community groups (3/10).
  - b. Hospital – 39.1 % (9 out of 23) learnt from hospitals.
  - c. Local councils – 17.4% (4/23) learnt from their local councils.
- No one learnt about the HACC basic services from his/her GP/Medical Practitioner.

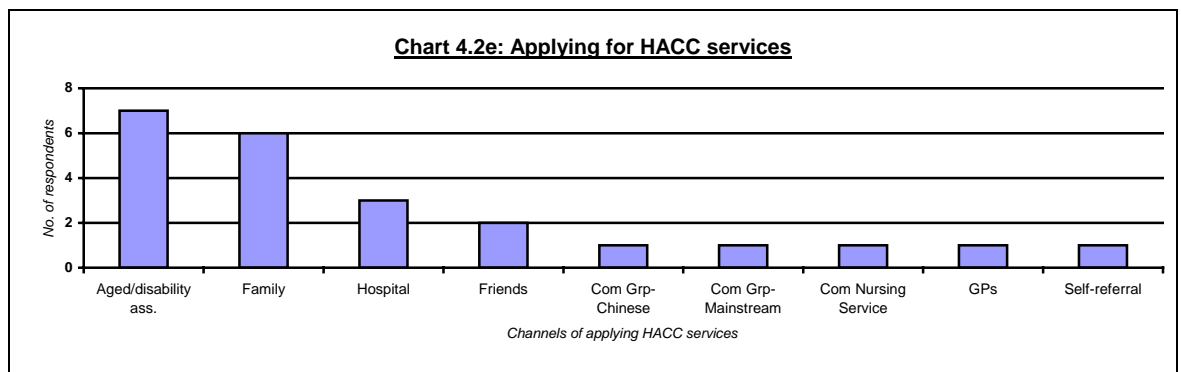
### B. Format of HACC information provided:



- 72.7% (16/22) of the respondents indicated that the information being provided were in English, either verbal (11) or written (5).
- No written materials in Chinese were available.

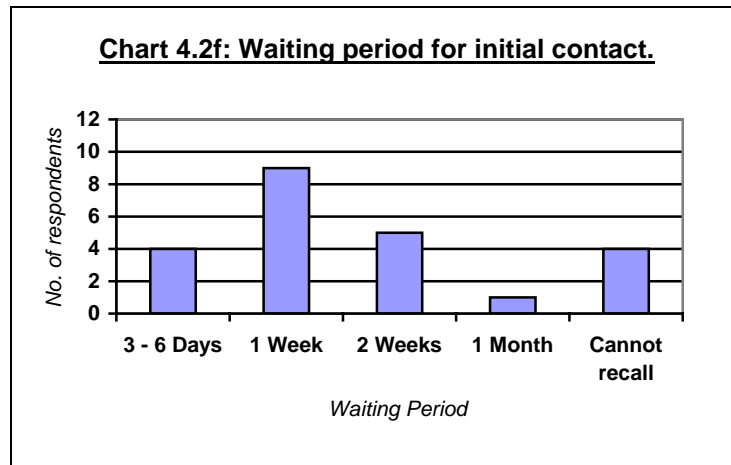
**C. Recommended format for HACC information:**

- Majority (63.6%) of the respondents indicated that they would prefer getting information from bilingual workers.
- 40.9% indicated the preference of printed Chinese materials such as brochures and coverage in Chinese newspapers.

**4.2.3 Initial contact with council****A. Applying for HACC services:**

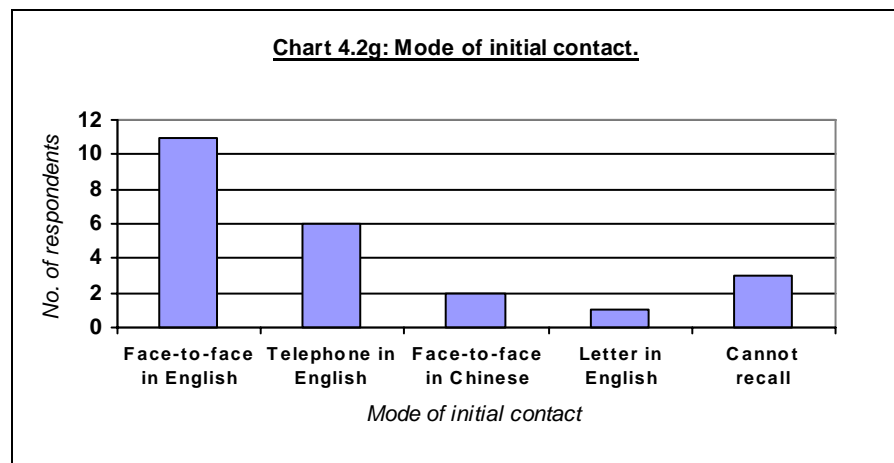
- 43.5 % (10/23) of the respondents applied for HACC basic services through Aged/Disability Services and Hospital
- 39.1% (9/23) of the respondents applied for HACC basic services through social support network, i.e. family/ friends/ Chinese community groups.
- One respondent applied for HACC basic services from a mainstream Community Group, one from Community Nursing Service, and also one from a General Practitioner.
- One respondent was self-referred.

**B. Waiting period for initial contact:**



- 78.3% (18/23) of the initial contact took place within 2 weeks. However, in all cases except one, contact was initiated by the applicants, their family or referral agencies.

**C. Mode of initial contact:**



- Only in 2 cases (8.7%), contact was made in Chinese by a Chinese – speaking worker.
- All other contacts were conducted in English (78.2%), either by face-to-face contact, telephone or letter.

#### D. Difficulty experienced at initial contact

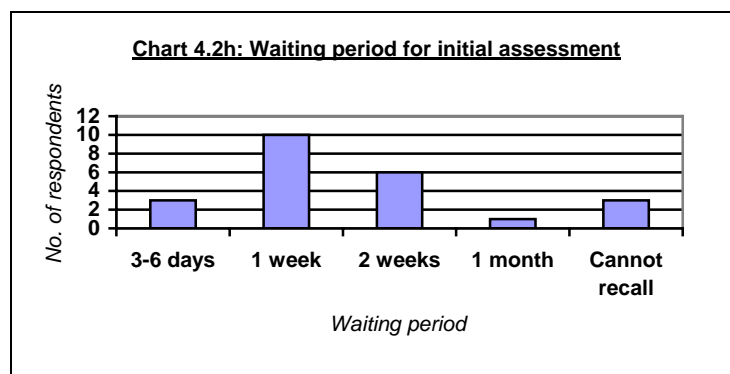
- No difficulty was experienced when initial contact was made in Chinese by a Chinese-speaking worker (8.7%).
- 12 respondents (52.2%) experienced difficulty and had to rely on family/friends to assist at the initial contact.
- Despite 14 respondents (60.9%) considered their English Proficiency as manageable, only 9 of them (39.1%) experienced no difficulty. This indicates that barriers exist even though language is not an issue.

#### E. Improvement for initial contact

- Among those who wanted improvement 43.5% (10/23), all of them (10/10) preferred dealing directly with Chinese-speaking worker.

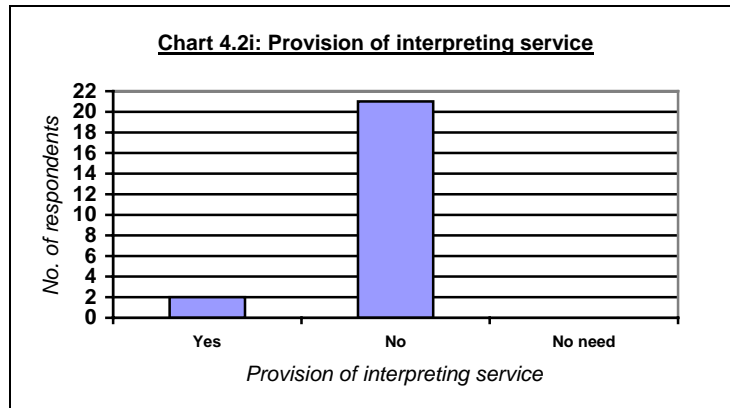
### 4.2.4 Process of assessment

#### A. Waiting period for Initial Assessment:



- Majority of the respondents did not wait long for the assessment. 82.6% (19/23) waited for two weeks or less.

## **B. Provision of Interpreting Service**



- Despite 60.9% (14/23) of the respondents considered their English proficiency as manageable, the whole sample asserted that they need interpreting service for the assessment. The reasons could be: they were not familiar with the service; not understanding the technical terms; nervous during the assessment since they were assessed by the “Government”.
- Only 2 respondents were provided with an on-site interpreter.
- It also indicates that none of the Assessment Officer is Chinese – speaking.
- Among the 21 respondents who were not provided with an interpreter, 14 used their family (12) / friends (2) to interpret for them, 7 did not have any interpreters during the assessment.

## **C. Experience of the Initial Assessment**

- The findings show that the quality of clients’ experience of the assessment depends on:
  - a. the presence of family / friends at the assessment and assistance from them (14/23)
  - b. the provision of interpreters by the Council (2/23)
  - c. Client’s English Proficiency (only 2 clients in the sample are fluent in English)
- Communication is vital in determining the positive experience at assessment. When clients could communicate directly, or through on-

site interpreter, or family/friends, they felt that their needs were understood & thus resulted in positive experience.

- Among the 4 respondents who considered their experience not positive. They felt that there were communication barriers between the client and assessment worker.

#### **D. Assessment officer's understanding of clients' needs**

- Among the 4 respondents who considered their experience not positive, they felt that the Assessment Officer did not understand their needs.
- Those who answered positively to this question emphasised the importance of the involvement of their family/friends/interpreter at the assessment.

#### **E. Follow up of the Initial assessment**

- 60.9% (14/23) of the respondents had to ask their family/friends to explain to them what happened at the assessment.

#### **F. Satisfaction of Initial Assessment result**

- 65.2% (15/23) of the respondents are satisfied, the reasons mainly :
  - a. Get the service they need (10)
  - b. Assessor understands their needs (5)
- 34.8% (8/23) of the respondents are not satisfied, because:
  - a. Their language needs have not been attended to (2)
  - b. Have no choice but to accept what is given (6)

#### **G. Improvement on Initial Assessment**

Among the multiple responses, results are as follows:

- 52.2% (12/23) recommends having Chinese-speaking Officer to undertake the assessment.
- 21.7% (5/23) recommends that Assessment Officer should have more cultural awareness.

- 34.8% (8/23) recommends that interpreters should be provided. 3 out of the 8 respondents wanted to deal with the Assessment Officer themselves without the assistance of their family.
- 13% (3/23) wanted to be informed of the rationale/reasons behind the assessment result.
- 13 % (3/23) wanted involvement and support of a Chinese agency during the assessment process.

#### 4.2.5 Effectiveness of services

##### **A. Can HACC basic services meet their needs?**

- Respite Care: no comment was received on Respite Care because no one uses this service.
- Personal Care: only one respondent is using Personal Care, the comment is: "It helps what I cannot do, but if there is choice, I prefer Chinese –speaking worker."
- Home Care : 17 respondents use Home Care, some of the comments are:
  - a. "It is helpful because it reduces my carer's workload".
  - b. "It can ease my housework".
  - c. "My family wants me to use the service".

Almost half (7/17) of the respondents still prefer Chinese-speaking worker, e.g. to assist them in shopping.

2 respondents are satisfied with the service because they have got Chinese-speaking workers.

- Property Maintenance: 3 out of 8 of the respondents prefer Chinese-speaking workers. 1 respondent said that the property maintenance service was limited by the scope of service provided.
- Meals on Wheels: Both of the 2 respondents who used meals on wheels services are not satisfied. They commented that meals provided are not culturally appropriate. Unlike home-made Chinese meals, they are Anglicised Chinese food

## **B. Suggestions for service improvement:**

The following suggestions were made by the respondents of this group:

- 91.3% (21/23) prefers Chinese-speaking workers due to cultural understanding and linguistic appropriateness (ease in communication).
- 34.8% (8/23) suggests that non-Chinese council workers (from workers making initial contact, Assessment Officer to worker delivering services) should develop cultural awareness and be sensitive to the needs of Chinese elderly.
- 17.4% (4/23) suggests that information about HACC services to be disseminated in Chinese verbally or in printed materials.
- 8.7% (2/23) suggests to have more resources to meet the needs of Chinese residents
- 4.3% (1/23) said that Council & its workers, as service provider, have the responsibility to meet the needs of Chinese elderly in its municipality.

## 4.3 Results of Non-User Group – PAG and Community Group

### 4.3.1 Knowledge of HACC basic services

- In the PAG, 81.8% (18/22) heard of the services, but 4 of them were not aware of the various service types.
- Among the 14 respondents in the PAG who were aware of the HACC services, 4 types of services were commonly known by them, they were Personal Care, Home Care, Property Maintenance and Meals on wheels. (Table 4.3.1)
- Respite Care is least known, only 4 respondents, this may be explained by the fact that Respite Care is a foreign concept as there is no equivalent service back home.
- In the Community Group, 40% (16/40) never heard of the services and 55% (22/40) heard that council provides some sort of services but were not aware of the various types of services. Only 5% (2/40) heard of the Home Care services before.

Table 4.3.1: Comparison of respondents' knowledge of HACC basic service types

| Type of services     | Number of respondents from PAG | Number of respondents from Community Group |
|----------------------|--------------------------------|--|
| Personal Care        | 8                              | 0  |
| Home Care            | 9                              | 2  |
| Property Maintenance | 8                              | 0  |
| Meals on Wheels      | 7                              | 0  |
| Respite Care         | 4                              | 0  |

#### A. Source of information about HACC basic services:

- In the PAG, 77.7% (14/18) of the respondents learnt about the HACC basic services from CCSSCI, 3 respondents learnt it from family/friends, only 1 learnt from the Aged Care Assessment Service (ACAS).
- In the Community Group, 1 respondent who is bilingual in English and Chinese learnt about the HACC basic services directly from his local council. The rest of respondents learnt about the services from their social network within the Chinese community (Chinese organizations: 66.7%, family: 41.7%, friends: 41.7%, Chinese media: 25% ). None of them pick up the information from mainstream service providers/organizations.

### **B. Format of HACC Information provided:**

- In the PAG, HACC basic services information was communicated to all respondents in Chinese, 15 of them verbally, 2 written and 1 both verbally and written.
- In the Community Group, except the one who got the information from the Council, all 23 of them received the information in Chinese, either communicating to them verbally in Chinese or in written Chinese.

### **C. Interest in HACC basic services:**

- Among the 18 PAG respondents who knew the services, more than 3 quarters (14/18) were interested in the services. 9 out of these 14 respondents have already applied for the HACC basic services. 3 of them have terminated the services while 2 only used one-off services like installation of handrail and provision of bath chair.
- 2 respondents in the PAG have applied for the services but are unsuccessful. The reasons for rejection as quoted were: “my mobility is ok” and “I am not living alone”.
- 2 respondents in the PAG said that they applied for the services but did not know the result because they relied on family members to communicate with the Council.
- Among the 4 respondents in the PAG who have not heard of the services before, all of them wanted to find out more about the services. They would like the information communicated to them directly in Chinese, verbal or in printed materials.
- In the community group, 83.3% (20/24) were interested in the services. However, none of them have applied for the services.
- Among the 16 Community Group respondents who have never heard of council’s HACC basic services before, 93.8% (15) wanted to find out more about the services. All would like the information communicated to them verbally in the Chinese dialect of their choice. Among the 15, 12 preferred face-to-face contact and the remaining 3 preferred audio tape.

### 4.3.2 Need analysis

#### A. Future needs:

Table 4.3.2: Comparison of preference in using HACC basic services in future

| Service types interested in | Number of responses – PAG<br>(Total : 22 respondents) | Number of responses – Community Group<br>(Total : 40 responses) |
|-----------------------------|---|---|
| Home Care                   | 13  | 23 (2 <sup>nd</sup> )   |
| Personal Care               | 10  | 17(3 <sup>rd</sup> )  |
| Meals of wheels             | 5   | 13(4 <sup>th</sup> )  |
| Property Maintenance        | 5   | 26(1 <sup>st</sup> )  |
| Respite Care                | 3   | 9(5 <sup>th</sup> )   |
| Total number of responses   | 36  | 88  |

- The entire sample of the PAG with no exception was interested in using either one or a combination of the services.
- The interest of Community Group in HACC basic services is overwhelming – a total of 88 responses recorded from 38 respondents. Only 2 respondents showed no interest.

#### B. Preferred Way of HACC Services Provision:

- All comments from Non-user Groups regarding Home Care, Personal Care, Property Maintenance and Respite Care were consistent which indicated that council's services should be provided by Chinese-speaking workers, with same cultural backgrounds.
- In the PAG group, 4 respondents pointed out the importance of matching the gender of client and worker in the delivery of Personal Care service. 1 respondent indicated that the frequency of Home Care services was also important. The provision of home-made style Chinese meals was clearly indicated by the 7 respondents who commented on the effectiveness of Meals on Wheels service.

### 4.3.3 General comments

#### A. Format of Information:

- In the PAG Group, all except one wanted information provided in Chinese. 10 of them indicated information provided in Chinese verbally and 12 preferred written information in Chinese.
- In the Community Group, except 1 respondent, who was bilingual in English and Chinese, preferred information in English, the rest of the sample (39 of them) wanted information in Chinese – 16 verbally, 22 in written materials and 1 both. The high number in requesting written materials can be explained by the high education level of this group. (Section 4 – Education profiles of respondents)

#### B. Method of delivery:

- Both Non-user Groups have the same preference regarding methods of receiving HACC basic services information, they were as follows:

Table 4.3.3 Comparison of the methods of receiving HACC basic services information

| Method of receiving HACC basic services information | Number of Responses from PAG | Number of Responses from Community Group |
|---|------------------------------|--|
| Through Chinese organizations such as CCSSCI        | 13                           | 18                                       |
| Chinese Newspaper                                   | 3                            | 13                                       |
| Chinese Radio                                       | 2                            | 5  |
| Chinese GPs   | 0                            | 4  |
| English Newspaper                                   | 1                            | 1  |
| Local council                                       | 1                            | 0  |

- Therefore, it is clearly indicated that majority of the respondents prefer to receive information in Chinese via Chinese organizations and Chinese media.

**C. Additional Comments:**

- In the PAG, the 6 respondents who answered this question emphasised the importance of Chinese-speaking workers in service delivery. 3 respondents would like to see Chinese agencies such as CCSSCI involved in the provision of HACC basic services. A respondent asserted that for HACC basic services to be accessible, assistance (e.g. through provision of interpreting services & involvement of CCSSCI) must be provided to overcome the language barrier.
- There are fewer comments from the respondents of the Community Group due to the focus group interview. However, one respondent suggested that the best way to overcome the communication barrier and cultural difference is to have services delivered by a Chinese – specific provider such as CCSSCI.

## **5. Major Findings**

### **5.1 Lack of information about /awareness of Council's HACC basic services**

5.1.1 In the Community Group sample, 40% (16/40) respondents had never heard of Council's HACC basic services. A further 55% (22/40) knew council provided some sort of services but were unaware of the various types of services that were available (Section 4.3.1). It is well established in welfare literature that the lack of information about particular services prevents access to such services.

### **5.2 Inadequate interpreting service**

5.2.1 Whilst the entire sample (23 respondents) of the User Group felt that they need interpreting service during assessment by council of their eligibility for HACC basic services, only 2 respondents (8.7%) were provided with such service through on-site interpreters. 12 respondents had to rely on their family and another 2 on their friends to interpret for them (Section 4.2.4B).

5.2.2 The finding has raised serious concerns, firstly about the inadequate provision of interpreting service by local councils, and secondly, the use of unqualified interpreters. The issue of confidentiality has been compromised especially when friends were used as interpreter. Terminology commonly used in HACC services, such as the term 'Meals-on-wheels' might pose a challenge to families and friends who were not trained as interpreters.

5.2.3 However, by looking at the duration of services used by the respondents, it was found that 47.8% (11/23) of the respondents used the services for more than 24 months, that means their assessment was conducted more than 2 years ago. Besides, only 34.8% (8/23) used the services for less than 6 months. Therefore, most of the respondents were assessed before the CEGS project started in 2004, which may have implication on the culturally sensitive practices in each council involved. Please also refer to Section 3.4.4 which includes the feedback from the Councils regarding interpreting services

## **5.3 Communication barriers**

- 5.3.1 Evidence clearly showed communication barriers severely hamper the dissemination of information, interaction between the client and council's workers, service effectiveness and clients' satisfaction.
- 5.3.2 Respondents across the User and Non-user Groups pointed out that they wanted information about HACC basic services communicated to them in the Chinese dialect of their choice and in written Chinese.
- 5.3.3 They felt it was important that they could communicate with Council's workers from the initial contact, during assessment to the stage of service delivery. Based on the findings from the User Group, the ease in communication determined the positive experience they had with the Council and with the services. Only when the communication barriers have been removed, service users feel they are listened to and their needs are fully understood.
- 5.3.4 Whilst interpreting service and assistance from family and friends could break through the communication barriers, 62.4% (53/85) of the respondents across the sample groups (10 from the User Group, 5 from PAG group and 38 from the community Group) preferred to have direct communication with council's workers themselves.

## **5.4 Cultural barriers**

- 5.4.1 In addition to linguistic appropriateness, cultural understanding determined service effectiveness and clients' satisfaction
- 5.4.2 Based on the experience of User Group, clients recorded positive experience and high satisfaction when initial contact was made by worker of same cultural background. To improve Council's HACC basic services, 8 respondents from the User group suggested that non-Chinese Council workers should develop cultural awareness and be more sensitive to the needs of Chinese clients.
- 5.4.3 Across the PAG and Community Groups, respondents who were interested in HACC basic services, all agreed that cultural understanding related to health care practices, social, religious and life style issues as well as

dietary needs was crucial to the effectiveness of services. For example, the sensitivity to the matching of the gender of service user and the worker in the provision of personal care had been raised by 4 respondents in the PAG sample. The importance of gender matching is confirmed by Peterson C. that bathing was especially stressful when Anglo-Australian nurses cared for Chinese-Australian elderly patients (2).

## 5.5 Counter barriers factors

5.5.1 The findings from the User Group indicated there were two major factors to overcome the barriers and thus successfully access the HACC basic services. The two factors were English proficiency and absolute devotion of the family.

5.5.2 Referring to the table below, the proportion of respondents who had proficiency in English in the User Group (60.9%) was almost 2 to 3 times as high as their counterparts in the PAG (18.2%) and Community Group (25%). The language ability seemed to have helped the User Group respondents navigate through the HACC basic service system. 7 of them had successfully passed the assessment by Councils, with no interpreting service or family assistance, and subsequently obtained services.

Table 5.5.2: Comparison of English Proficiency between the User and Non-user Groups:

| Proficiency Level                                   | User Group   | Non-user Groups |                 |
|---|--------------|-----------------|-----------------|
|   |              | PAG Group       | Community Group |
| Fluent  | 8.7% (2/23)  | -               | 5% (2/40)       |
| Good  | 13.1% (3/23) | 4.6% (1/22)     | 5% (2/40)       |
| Manageable (Eg. Can manage day-to-day conversation) | 39.1% (9/23) | 13.6% (3/22)    | 15% (6/40)      |
| Poor  | 17.4% (4/23) | 18.2% (4/22)    | 52.5% (21/40)   |
| Non at all  | 21.7% (5/23) | 63.6% (14/22)   | 22.5% (9/40)    |

(2) Source: Peterson, C., "Looking Forward Through the Lifespan", Chapter 17: Old Age: Social and Personality Development, 1996, pp.638.

- 5.5.3 The devotion of the family was clearly evident in supporting and actively assisting the user respondents in every step throughout the process of accessing and using the HACC basic services. The family was no doubt a key stakeholder in identifying the services, making referrals, initiating the initial contact with council, acting as interpreter and/or advocate for clients and relating information and Council's decisions to clients. After the services had commenced, the involvement of family continued and often they became the bridge over the communication and cultural barriers.
- 5.5.4 The heavy reliance on the family raises concern. In the cases of the most disadvantaged and isolated prospective clients who do not have the support of the family, or whose family lacks proficiency in English, who can they count on to access and use HACC services? As a user respondent summed it up succinctly: "Service providers have the responsibility to ensure that the need of their Chinese-speaking residents are met".

## **5.6 Positive measures undertaken by Local Councils**

The findings from the User Group have highlighted the positive measures undertaken by the participating local Councils.

- 5.6.1 The majority ( 82.6%) of the user respondents waited for 2 weeks or less, after the initial contact was made, to have the initial assessment. Despite the fact that 73.9% (17/23) of the initial contact was initiated by the applicants, their family or referral agencies. The response of the councils in arranging initial assessment is timely. This may be due to the fact that a monitoring system was put in place by the participating Councils to control the waiting list and ensure speedy processing of applications.
- 5.6.2 Two Councils provide on-site interpreter as well as written information in Chinese. Users of a Council found information provided particularly useful when the information was translated (for 10% of applicants) and printed Chinese material were distributed (to 60% of applicants) at the assessment interview.
- 5.6.3 Initial contact by Council was made by Chinese-speaking workers in two cases. 2 respondents received Home Care by Chinese-speaking workers,

when services are rendered by Chinese workers who can remove the communication and cultural barriers, respondents expressed high level of satisfaction and affirmed service effectiveness.

5.6.4 Among the various service types, Property Maintenance has attracted most positive feedback. In spite of the communication and cultural barriers, the Property Maintenance service is considered affordable and much needed.

## **6. Recommendations**

### **6.1 Community Education**

#### **6.1.1 Discussion**

##### **A. Community Education Program**

Only 5 respondents (5.9%) out of the entire sample of 85 learnt about the HACC basic services from the Councils. As the lack of information constitutes a major barrier for Chinese elderly to access the services, Local Councils have to provide a systematic and on-going Community Education Program and to reach out to the Chinese community in their municipality.

##### **B. Information in Chinese**

When responding to the question about the most effective way to disseminate information, the User and Non-user Groups clearly indicated that information had to be linguistically and culturally appropriate – either to be delivered verbally in the Chinese dialect of their choice (mainly Cantonese and Mandarin), or in Chinese printed materials, or both.

##### **C. Preference of Verbal Communication**

The Community Group respondents as compared with their counterparts have least knowledge about HACC basic services. Among those who wanted more information about the services, all preferred verbal communication – 12/15 opted for face-to-face contact and the rest for audiotapes. The face-to-face contact in appropriate Chinese dialect was also chosen by 63.6% (14/22) of the User Group. Whilst 96.5% (82/85) of the entire sample could read Chinese, the deterioration in eye sight in the old age and thus the increased difficulty in reading may be the reasons behind the preference of verbal communication. The verbal communication format will also address the needs of those PAG respondents 13.6% (3/22) that are illiterate in Chinese.

##### **D. Methods of Information Delivery**

As suggested by the respondents, information can be delivered by using a combination of the following methods:-

- Information sessions
- Individual face-to-face contact

- Radio broadcast through Chinese Radio Channels such as SBS and 3CW
- Audiotapes
- Chinese newspapers
- Brochures and Information Kits

As older persons are inclined to be less technology-orientated, there is no mention of video, DVD or Internet.

#### **E. Strategic Points of Contact for Information Dissemination**

More than three-quarters (77.8%) of PAG respondents received information about HACC basic services through the Chinese Community Social Services Centre Inc. (CCSSCI). Local Councils should liaise and work with CCSSCI which has extensive network and grass root contact with the Chinese-Victorian community. Other Chinese organisations such as Chinese Senior Citizens Clubs and Chinese elderly groups can also be involved.

Based on our findings, Chinese-speaking GPs and medical practitioners have so far had an absolute insignificant role in passing on the information (none) or making referrals (1 referral in the entire sample of 85). As they are one of the key stakeholders in the care of Chinese seniors, they should be targeted for assistance. 9 respondents from our sample consider GP as a major source for information.

#### **F. Community Education Program a Pathway, Not the Destination**

We cannot stress enough the importance of having adequate and appropriate measures put in place to respond to the anticipated interest of the targeted community, prior to the launch of any Community Education Program. Nothing will be more disappointing when awareness and interest are raised but services are not ready.

### **6.1.2 Recommendations**

- A. Prior to Council launching its Community Education Program, an action plan must be formulated and adequate measures in place to respond to the anticipated interest of the targeted CALD community in HACC basic services.

- B. Information about HACC basic services to be disseminated must be culturally and linguistically appropriate and must be in written Chinese and/or the Chinese dialect of participants' choice.
  
- C. Whilst verbal communication through information sessions, radio broadcast, audiotapes and individual face-to-face contact is the preferred option of information delivery, a wide range of other methods should also be used to maximize coverage and ensure effectiveness.
  
- D. The Community Education Program for the Chinese-Victorian community should be organized on an on-going basis in conjunction with the major Chinese-specific service providers like CCSSCI and other Chinese organizations with the involvement and support of Chinese-speaking GPs and medical practitioners.

## **6.2 Assistance in Accessing and Using HACC Basic Services**

### **6.2.1 Discussion**

The findings from the User Group had shown clearly that Chinese elderly irrespective of their English proficiency, required assistance in some or all of the following tasks:-

- Obtaining information about HACC basic services,
- Making initial contact with the Council,
- Applying for the services – the process and outcomes,
- Getting through the assessment – the process and outcomes,
- Interaction with workers who deliver the services, and ,
- Expressing further needs and providing feedback about services.

A piece meal approach, such as providing a Chinese-speaking worker to make the initial contact but not an interpreter at the assessment interview is not going to resolve the accessibility barriers and increase the intake of Chinese-speaking clients for HACC basic services. On the same note, a brochure in Chinese for the applicant but a non-Chinese Personal Care Worker as the outcome of the application is not going to improve the effectiveness of services.

A well-coordinated approach to provide assistance for Chinese-speaking applicants/service users, when needed, is deemed necessary. One of the ways to implement this approach is through the establishment of partnership between the Local Council and the Chinese-specific welfare agency so that expertise can be exchanged and appropriate assistance can be rendered.

### **6.2.2 Recommendations**

- E. In the interim period as a temporary measure, CEGS Workers from the participating Councils and CCSSCI should work together to assist individual Chinese-speaking applicants or service users in accessing and utilizing the HACC basic services.
  
- F. The Department of Human Services, Local Councils and CCSSCI will need to examine all possible options and to propose a long term plan to cater for the need of the rapidly growing Chinese aged population for HACC basic services.

## **6.3 Provision of a Client-centred Service**

### **6.3.1 Discussion**

The User Group findings have provided striking evidence about the heavy reliance on family and friends in accessing HACC basic services. A summary of findings is as follows:-

- More than half (56.5%) of the User respondents said their family/friends helped them to understand what HACC basic services were about.
- 52.2% of the respondents would have experienced difficulty at the initial contact with the Council had they not had the assistance of their family/friends.
- An overwhelming majority (87%) of respondents relied on their family/friends to explain to them and inform them of the result of the initial contact.
- A substantial proportion (60.9%) of them also relied on their family/friends to interpret for them at the assessment interview.
- Many respondents also pointed out that their positive experience at the assessment interview and with the Assessment Officer were due to the support and assistance of their family/friends.

Primary carers (family members) of 12 User Group respondents were present at the survey interview and all except one participated actively in the interview.

Three PAG respondents did not know the result of their application for HACC basic services as they totally relied on their family to deal with the Council.

Ten respondents from the User Group and three from the PAG who had applied for HACC basic services, commented on the impact of their dependence on family/friends in dealing with the Council. Whilst all of them appreciated the help and support of their family/friends, many felt 'disempowered' throughout the process. Some mentioned that they had no choice but to accept "what was given" or "what had been negotiated on their behalf". Other commented that they had little control of their situation and things just happened around them. Had they had a choice, they would like to have direct communication and dealing with the Council themselves so as to ensure that they were listened to and their needs were understood.

The orientation of a Client-centered service focuses on the client as the one who knows his/her needs/wants best. It believes that the client has the right of choice and should take control of his/her situation by making decision for himself/herself. Such service orientation and belief should not subside when service providers are confronted with communication and cultural barriers.

### 6.3.2 Recommendations

- G. A Client-centred approach should be adopted by the Council in the provision of HACC basic services. Individual needs and choice of the clients should be respected and catered for. Clients are the centre of the service and must be involved in making decisions that affect them. To achieve this goal, we would require the commitment of the Council and the breakthrough of all accessibility, communication and cultural barriers.
  
- H. Local councils should review their staff recruitment and training policies and practices to ensure that more Chinese-speaking workers are employed and cultural awareness training is provided as an integral part of training for staff from the front-line workers to policies makers.
  
- I. To overcome the communication barriers with which Councils are confronted in the provision of HACC basic services for Chinese-speaking clients, professional and adequate interpreting services must be provided upon the request of client.

## 6.4 Need of Chinese Elderly for HACC Basic Services

### 6.4.1 Discussion

It is a fallacy to assume that Chinese elderly are cared for by their family and thus do not require community support services. In fact, more than one third of the User Group and PAG Group (34.8% and 40.9% respectively) live alone without immediate family support. In responding to their current and future care arrangement, 50% of the PAG respondents have no one to look after them. A further 13.6% of the respondents would have no one to look after them when they can no longer care for themselves.

With additional social and financial disadvantages (including low or no English proficiency, not eligible for pension in the case of recently arrived migrants, limited social support network and limited mobility), Chinese elderly are likely to have greater needs for community support services than their Anglo-Australian counterparts.

The entire Non-user Group except two respondents (96.8%) expressed their keen interest in the HACC basic services. The following table from Section 4.3.2 shows the ranking of interest against various service types.

Table 4.3.2: Comparison of preference in using HACC basic services in future

| Service types interested in | Number of responses – PAG<br>(Total : 22 respondents) | Number of responses –<br>Community Group<br>(Total : 40 responses) |
|-----------------------------|---|--|
| Home Care                   | 13  | 23 (2 <sup>nd</sup> )  |
| Personal Care               | 10  | 17 (3 <sup>rd</sup> )  |
| Meals of wheels             | 5   | 13 (4 <sup>th</sup> )  |
| Property Maintenance        | 5   | 26 (1 <sup>st</sup> )  |
| Respite Care                | 3   | 9 (5 <sup>th</sup> )   |
| Total number of responses   | 36  | 88   |

Referred to the table above, the interest in and the anticipated need for Personal Care is high (chosen by 27 respondents of the Non-user group). However, only 1 respondent (4.3%) in the User Group receives the Personal Care service. It is likely that Chinese-speaking clients do not use the service because the service was not appropriate.

The need of Chinese elderly for HACC basic service is great and will only be greater in the coming decades. The low intake of current services is a reflection of the appropriateness/effectiveness of the services rather than the need of the Chinese aged population.

The User Group also commented that Council should devote more resources to meet the needs of its Chinese-speaking residents and particularly in a culturally and linguistically appropriate manner.

## 6.4.2 Recommendation

- J. CCSSCI through its CEGs Project will assist participating Councils in addressing the accessibility, linguistic and cultural barriers. The success of this working partnership and achievement of the common goal depends on the commitment from both parties, availability of human and financial resources as well as support from the State Government.

## 6.5 Determinants in Service Effectiveness

### 6.5.1 Discussion

In no uncertain terms, respondents across the three User and Non-user Groups assert that linguistic and cultural appropriateness are the two major determinants in service effectiveness. Direct communication with ease between service provider and user, cultural understanding in care assessment and service delivery are emphasized almost by all respondents.

The roles of CCSSCI in promoting access of Chinese elderly to HACC basic services and in service delivery have been raised. Some respondents pointed out the importance of CCSSCI's involvement in assisting Councils in the delivery of a culturally appropriate and accessible service. Others suggested that CCSSCI should undertake a direct service role.

### 6.5.2 Recommendation

- K. There should be further investigation into the most effective (in meeting needs of clients) and most efficient (most economical) option in the provision of HACC basic services, involving the funding body and service providers. It is unlikely that there will be one option suitable for all CALD communities as the capacity, expertise and experience in service delivery of each CALD community varies.

## 7. Conclusion

This exploratory study has examined and identified the barriers experienced by Chinese elderly in accessing and using HACC basic services. The barriers are mainly: lack of information about/awareness of Council's HACC basic services; inadequate interpreting service; communication barriers, and cultural barriers. Counter barriers factors and positive measure undertaken by local councils have also been discussed.

Recommendations, both short term and long term, have been made to address the barriers and accessibility issues, and to improve Councils' HACC basic services. The recommendations are categorised under community education; assistance in accessing and using HACC basic services; provision of a client-centred service and the need of Chinese elderly for HACC basic services and determinants in service effectiveness has also been identified.

The partnership between CCSSCI and the participating Councils under the CEGS Project will be able to address the accessibility, linguistic and cultural barriers in the interim period. A summary of actions as a result of this research report is enclosed in Appendix D. Of course, the success of the project depends on the commitment from both parties, availability of human and financial resources and the support from the State Government.

In short, the most effective (in meeting needs of clients) and most efficient (most economical) option in the provision of HACC basic services should be further explored. It is unlikely that there will be one option suitable for all CALD communities as the capacity, expertise and experience in service delivery of each CALD community varies.

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## 9. Appendices

### Appendix A: User Group's Questionnaire

**Culturally Equitable Gateways Strategy  
Chinese Community Social Services Centre Inc.**

**Questionnaire for Current User of HACC Basic Services**

Part 1

1. Gender : M / F
2. Age range:
  1. Under 60
  2. 60 – 64
  3. 65 – 69
  4. 70 – 74
  5. 75 – 79
  6. 80 – 84
  7. 85 and over
3. Marital status:
  1. Married
  2. Divorced
  3. Separated
  4. Widowed
  5. Never married
4. Country of Origin
  1. China
  2. Hong Kong, SAR
  3. Malaysia
  4. Singapore
  5. Taiwan
  6. Vietnam
  7. Others, please specify \_\_\_\_\_
5. Language/dialect spoken : Cantonese / Hakka / Hokkien / Mandarin  
Others, please specify: \_\_\_\_\_
6. Educational Level:  
What is the highest educational level you have attained?
  1. No formal education
  2. Up to primary school
  3. High School – Junior High (Years 7-9) [ ]  
Senior High (Years 10-12) [ ]
  4. Tertiary Education
  5. Postgraduate Education
7. Ability to **read** Chinese:  
For example, can you read Chinese newspaper?
  1. No
  2. Yes

8. Fluency of English:
  1. Fluent
  2. Good
  3. Manageable (Eg. Can manage day-to-day conversation)
  4. Poor
  5. None at all
  
9. Living arrangement:
  1. Lives alone
  2. Lives with family
    - a. Spouse / partner
    - b. Daughter / Son
    - c. Others, please specify \_\_\_\_\_
  3. Lives with others, please specify \_\_\_\_\_
  
10. Council: Monash / Manningham / Whitehorse
  
11. Services used : Personal care / Home Care / Property maintenance / Meals-on-wheels / Respite Care / Assessment
  
12. Duration of each service used:  
0-3 months / 4-6 months / 6-12 months / 13 -24 months / over 24 months
  
13. Please indicate whether the primary carer is involved in this interview:  
**(Interviewer to fill in based on his / her assessment / observation)**
  1. Yes /No
  2. If yes, what is the relationship of the carer?  
  
Wife / female partner/ Husband / male partner / Daughter / Son /Daughter-in-law / Son-in- law / Other relative / Friend / Neighbour
  3. Role of primary carer in the interview: \_\_\_\_\_

Part 2

14. From where / whom did you learn about HACC core services?
  1. Family / friends / neighbour (please circle)
  2. GP / Medical Practitioner
  3. Local council
  4. Hospital
  5. Community Agency / Group – mainstream
  6. Community Agency / Group – Chinese-specific
  7. Radio / Newspaper – English
  8. Radio / Newspaper – Chinese
  9. Others, please specify \_\_\_\_\_
  
15. In what format was the information about HACC core services provided to you?
  1. Verbally ( Please circle : English / Chinese)
  2. Written ( Please circle : English / Chinese)
  3. No information provided
  
16. What information would be useful to help you access HACC core services?  
\_\_\_\_\_  
\_\_\_\_\_

Part 3

17. How did you apply for council's HACC core services?

1. Self – referral
2. Referral by: - Family / friends / neighbour (Please circle)
3. GP / Medical Practitioner – community based
4. Hospital
5. Specialist aged or disability assessment team
6. Comprehensive HACC assessment authority
7. Community nursing service
8. Community Agency / Group – Mainstream
9. Community Agency / Group – Chinese-specific
10. Others, please specify \_\_\_\_\_

18. Who initiated the contact after your application?

1. Self
2. Individual / agency who made the referral
3. Local Council

19. How long after your application the initial contact was made?

- How many

1. days : \_\_\_\_\_
2. weeks : \_\_\_\_\_
3. months : \_\_\_\_\_

20. What was the mode of initial contact?

1. Letter (Please circle: medium used – English / Chinese)
2. Telephone contact (Please circle: medium used – English / Chinese)
3. Face- to- face visit (Please circle: medium used – English / Chinese)
4. Others, please specify: \_\_\_\_\_

21. Did you experience any difficulty at the initial contact?

- A) Yes / No
- B) If yes, what was the difficulty?

\_\_\_\_\_

And how did you overcome the difficulty?

\_\_\_\_\_

22. What was the result of the initial contact?

\_\_\_\_\_

\_\_\_\_\_

23. Any improvement you want to see for this initial contact stage?

1. Yes, please specify \_\_\_\_\_
2. No

Part 4

24. After the initial contact, how long had you waited for the Initial Assessment?

- How many

1. days : \_\_\_\_\_
2. weeks : \_\_\_\_\_
3. months : \_\_\_\_\_

25. Was Interpreting Service provided to you during the initial assessment?

1. Yes ( go to question 26 )
2. No ( go to question 27 )
3. No need for interpreting service ( go to question 28 )

26. What was that service?

1. On-site interpreter
2. Telephone Interpreting Service
3. The Assessment Officer is bilingual

27. Were you accompanied by your own interpreter for the initial assessment?

1. Yes (If yes, who was your interpreter?)
  - a. Family member
  - b. Friend
  - c. Neighbour
  - d. Volunteer
2. No

28. Did you receive any information about HACC core services at the Initial Assessment?

1. No
2. Cannot remember
3. Yes (If yes, what type of information you received?)
  - a) Verbal  
(Please circle)  
medium used: English / Chinese /Translated into Chinese
  - b) Written  
(Please circle)  
medium used: English ( Information Pack / leaflet / others:\_\_\_\_\_)  
medium used: Chinese ( Information Pack / leaflet / others:\_\_\_\_\_)

29. Did the information you received at the Initial Assessment help you understand what HACC core services were about?

1. Yes
2. No (If no, what kind of information would be useful?)  
\_\_\_\_\_

30. What was your experience of the Initial Assessment?

1. Good experience, why? \_\_\_\_\_
2. Not so good experience, why? \_\_\_\_\_

31. Did you feel the Assessment Officer understood your needs?

1. Yes, please elaborate \_\_\_\_\_
2. No, please elaborate \_\_\_\_\_
3. Not sure

32. What happened after the Initial Assessment?

\_\_\_\_\_

33. Are you satisfied with the result of the Initial Assessment?

1. No, why? \_\_\_\_\_
2. Yes, why? \_\_\_\_\_
3. Not sure

34. What improvement you could suggest about the Initial Assessment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 5**

35. Do you think Council's HACC core service/s you are currently using can meet your individual needs?

**a. Personal Care:**

- 1. Yes, why? \_\_\_\_\_
- 2. No, why? \_\_\_\_\_

**b. Home Care:**

- 1. Yes, why? \_\_\_\_\_
- 2. No, why? \_\_\_\_\_

**c. Property Maintenance:**

- 1. Yes, why? \_\_\_\_\_
- 2. No, why? \_\_\_\_\_

**d. Meals-on-wheels:**

- 1. Yes, why? \_\_\_\_\_
- 2. No, why? \_\_\_\_\_

**e. Respite Care:**

- 1. Yes, why? \_\_\_\_\_
- 2. No, why? \_\_\_\_\_

36. Any suggestions for improvement of Council's HACC core services for users of your own cultural and linguistic background?

\_\_\_\_\_

37. Finally, any other comments?

\_\_\_\_\_

## Appendix B: PAG's Questionnaire

### Culturally Equitable Gateways Strategy Chinese Community Social Services Centre Inc.

#### Questionnaire for CCSSCI PAG consumer

##### Part 1

1. Gender : M / F
2. PAG attended: High Need / Core
3. How do you usually attend the PAG?  
  
Walking / Public transport / Driving - self / Family or friend provides transport assistance / CCSSCI provides transport assistance
4. Age range:
  1. Under 60
  2. 60 – 64
  3. 65 – 69
  4. 70 – 74
  5. 75 – 79
  6. 80 – 84
  7. 85 and over
5. Marital status:
  1. Married
  2. Divorced
  3. Separated
  4. Widowed
  5. Never married
6. Country of Origin
  1. China
  2. Hong Kong, SAR
  3. Malaysia
  4. Singapore
  5. Taiwan
  6. Vietnam
  7. Others, please specify\_\_\_\_\_
7. Language/dialect spoken : Cantonese / Hakka / Hokkien / Mandarin  
Others, please specify: \_\_\_\_\_
8. Educational Level:  
What is the highest educational level you have attained?
  1. No formal education
  2. Up to primary school
  3. High School – Junior High (Years 7-9) [ ]  
Senior High (Years 10-12) [ ]
  4. Tertiary Education
  5. Postgraduate Education
9. Ability to **read** Chinese:  
For example, can you read Chinese newspaper?
  1. Yes
  2. No

10. Fluency of English:

1. Fluent
2. Good
3. Manageable (e.g. can manage day-to-day conversation)
4. Poor
5. None at all

11. Living arrangement:

1. Lives alone
2. Lives with family
  - a. Spouse/partner
  - b. Daughter / Son
  - c. Others, please specify \_\_\_\_\_
3. Lives with others, please specify \_\_\_\_\_

12. Do you have someone to look after you?

1. No
2. Yes  
(Spouse / family member- relationship: \_\_\_\_\_ / relative- relationship: \_\_\_\_\_ / friend / others: please specify \_\_\_\_\_)
3. No need at this point of time.  
(Would you have someone to look after you in the future when required)?

13. Do you know which local council you reside in?

(If No, interviewer to fill in based on respondent's address)

Local council: \_\_\_\_\_

14. How long have you used CCSSCI's PAG service?

\_\_\_\_\_

15. From where/ whom you found out about our PAG service?

\_\_\_\_\_

16. Do you think you need community support services other than PAG?

1. No
2. Yes
  - a. What sort of support do you need? \_\_\_\_\_
  - b. Have you sought the support that you need (other than PAG?)

\_\_\_\_\_

What was the result of that?

\_\_\_\_\_

17. Do you know that your local council provides a range of community support services that you may be able to use?

1. No
2. Yes

Part 2

18. Have you heard of the HACC core services provided by your local council? (For the purpose of this survey which include personal care / home care/ home maintenance/ respite care / meals-on-wheels/ assessment.)

1. Yes – Personal care / homecare/ home maintenance / respite care/ meals-on-wheels / assessment. (Circle as appropriate) (Please answer Questions 19 to 23)
2. No – go to question 24

19. If 'Yes' to Q 18, from where / whom did you learn about the services (as indicated in Q18)?

1. Family / friends / neighbours (please circle)
2. GP / Medical Practitioner – community based
3. Hospital
4. Specialist aged or disability assessment team
5. Comprehensive HACC assessment authority
6. Community nursing service
7. Community Agency / Group – mainstream
8. Community Agency / Group - Chinese-specific
9. Others, please specify\_\_\_\_\_

20. How was the information communicated to you?

1. Verbally in English
2. Verbally in your own language/dialect
3. Information written in English (e.g. brochures/ information kit / etc.) (Please circle)
4. Information written in Chinese (e.g. brochures/ information kit / etc.) (Please circle)
5. Others, please specify\_\_\_\_\_

21. Were you interested in the service/s (as indicated in Q 18)?

1. No
2. Yes

22. Did you apply for the service/s?

1. No ( Go to Part 3)
2. Yes

23. What was the result of your application?

\_\_\_\_\_

(Please go to Part 3)

24. If you have not heard of council's HACC core services before, do you want to find out more about the services?

1. No, why?\_\_\_\_\_ ( Go to Part 3)
2. Yes

25. How would you like the information communicate to you?

Verbal / written / to respondent directly, via someone, individually/ group, audio / visual  
(Circle as appropriate)

Part 3

26. Based on your current and future needs, which of the following service/s may interest you?

1. Personal Care
2. Home care
3. Home maintenance
4. Respite care
5. Meals-on-wheels (Circle as appropriate)
6. None (Go to Question 28)

27. What would be the best way to provide you with the service/s you want (based on answer of Q.26) that will meet your individual needs?

(Interviewer to briefly explain the nature of each type of services, if necessary.)

1. Personal Care

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2. Home Care

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3. Home Maintenance

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4. Respite Care

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5. Meals-on-wheels

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Part 4

28. What do you think is the most effective way to inform you about the community support services you may be able to use?

Format of the information:-

1. Verbal – English [ ] or Chinese [ ]
2. Written – English [ ] or Chinese [ ]
3. Others, please specify \_\_\_\_\_

Method of delivery:-

1. Newspaper – English [ ] or Chinese [ ]
2. Radio – English [ ] or Chinese [ ]
3. Community Agency – Mainstream [ ] or Chinese-specific [ ]
4. Local Council
5. GP / Medical Practitioner (community-based)
6. Others, please specify \_\_\_\_\_

29. Any other comments

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## Appendix C: Community Group's Questionnaire

### **Culturally Equitable Gateways Strategy Chinese Community Social Services Centre Inc.**

#### **Questionnaire for Community Group's Member**

##### Part 1

1. Gender : M / F
2. How do you usually attend this Community Group?  
Walking / Public transport / Driving - self / Family or friend provides transport assistance
3. Age range:
  1. Under 60
  2. 60 – 64
  3. 65 – 69
  4. 70 – 74
  5. 75 – 79
  6. 80 – 84
  7. 85 and over
4. Marital status:
  1. Married
  2. Divorced
  3. Separated
  4. Widowed
  5. Never married
5. Country of Origin
  1. China
  2. Hong Kong, SAR
  3. Malaysia
  4. Singapore
  5. Taiwan
  6. Vietnam
  7. Others, please specify\_\_\_\_\_
6. Language/dialect spoken : Cantonese / Hakka / Hokkien / Mandarin  
Others, please specify: \_\_\_\_\_
7. Educational Level:  
What is the highest educational level you have attained?
  1. No formal education
  2. Up to primary school
  3. High School – Junior High (Years 7-9) [ ]  
Senior High (Years 10-12) [ ]
  4. Tertiary Education
  5. Postgraduate Education
8. Fluency of English:
  1. Fluent
  2. Good
  3. Manageable (e.g. can manage day-to-day conversation)
  4. Poor
  5. None at all

8a. Ability to **read** Chinese:

For example, can you read Chinese newspaper?

1. Yes
2. No

9. Living arrangement:

1. Lives alone
2. Lives with family
  - a. Spouse/partner
  - b. Daughter / Son
  - c. Others, please specify \_\_\_\_\_
3. Lives with others, please specify \_\_\_\_\_

10. How long have you used this Community Group service?

\_\_\_\_\_

11. How often this Community Group meet?

\_\_\_\_\_

Part 2

12. Have you heard of the HACC core services provided by your local council? (For the purpose of this survey which include personal care / home care/ home maintenance/ respite care / meals-on-wheels/ assessment.)

1. Yes – Personal care / homecare/ home maintenance / respite care/ meals-on-wheels / assessment. (Circle as appropriate) (Please answer Questions 13 to 17)
2. No – go to question 18

13. If 'Yes' to Q 12, from where / whom did you learn about the services (as indicated in Q12)?

1. Family / friends / neighbours (please circle)
2. GP / Medical Practitioner – community based
3. Hospital
4. Specialist aged or disability assessment team
5. Comprehensive HACC assessment authority
6. Community nursing service
7. Community Agency / Group – mainstream
8. Community Agency / Group - Chinese-specific
9. Others, please specify \_\_\_\_\_

14. How was the information communicated to you?

1. Verbally in English
2. Verbally in your own language/dialect
3. Information written in English (e.g. brochures/ information kit / etc.) (Please circle)
4. Information written in Chinese (e.g. brochures/ information kit / etc.) (Please circle)
5. Others, please specify \_\_\_\_\_

15. Were you interested in the service/s (as indicated in Q 12)?

1. No
2. Yes

16. Did you apply for the service/s?

1. No (Go to Part 3)
2. Yes

17. What was the result of your application?

\_\_\_\_\_ (Please go to Part 3)

18. If you have not heard of council's HACC core services before, do you want to find out more about the services?

1. No, why? \_\_\_\_\_ ( Go to Part 3)
2. Yes

19. How would you like the information communicate to you?

Verbal / written / to respondent directly, via someone, individually/ group, audio / visual  
(Circle as appropriate)

Part 3

20. Based on your current and future needs, which of the following service/s may interest you?

1. Personal Care
2. Home care
3. Home maintenance
4. Respite care
5. Meals-on-wheels (Circle as appropriate)
6. None (Go to Question 22)

21. What would be the best way to provide you with the service/s you want (based on answer of Q.20) that will meet your individual needs?

(Interviewer to briefly explain the nature of each type of services, if necessary.)

1. Personal Care

\_\_\_\_\_

\_\_\_\_\_

2. Home Care

\_\_\_\_\_

\_\_\_\_\_

3. Home Maintenance

\_\_\_\_\_

\_\_\_\_\_

4. Respite Care

\_\_\_\_\_

\_\_\_\_\_

5. Meals-on-wheels

\_\_\_\_\_

\_\_\_\_\_

Part 4

22. What do you think is the most effective way to inform you about the community support services you may be able to use?

Format of the information:-

1. Verbal – English [ ] or Chinese [ ]
2. Written – English [ ] or Chinese [ ]
3. Others, please specify \_\_\_\_\_

Method of delivery:-

1. Newspaper – English [ ] or Chinese [ ]
2. Radio – English [ ] or Chinese [ ]
3. Community Agency – Mainstream [ ] or Chinese-specific [ ]
4. Local Council
5. GP / Medical Practitioner (community-based)
6. Others, please specify \_\_\_\_\_

23. Any other comments

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## Appendix D:

### Summary from the Research Report incorporated in the CCSSCI Action Plan

CCSSCI is working in partnership with the Cities of Manningham, Monash and Whitehorse under the CEGS Project. The overall CEGS Strategy is targeted at encouraging people from CALD backgrounds to seek services from their local councils and at helping councils to tailor their services to meet the cultural requirements of clients from CALD backgrounds.

In response to this Research Report, part of the recommendations has been incorporated into the Action Plan of the CCSSCI CEGS Project.

The following is a summary of actions, as recommended in the Research Report, being incorporated in the Action Plan:

#### 1. Community Education

Recommendation regarding community education has been made at Section 6.1 of the research report. In order to increase understanding of HACC basic services within the Chinese community, promotion has been and will be made by CCSSCI in various Chinese media such as newspapers, magazines and radios.

Under the Action Plan of CCSSCI CEGS Project, promotional activities have started in August 2005 with the broadcasting of “Benefits of HACC Basic Services” at the SBS Radio. Information sessions have been conducted in various Senior Citizen Clubs in the targeted municipalities too.

Moreover, CCSSCI CEGS Project Worker has networked with GPs to provide HACC basic services information to them and encourage them to refer Chinese clients to apply for these services. Promotion articles prepared by CCSSCI have been published in various Newsletter of the GP’s Division Network. Furthermore, in December 2005, an Information Kit was sent to most of the Chinese-speaking GPs in these areas for this purpose. The Kit includes:

- a. A letter explaining HACC basic services
- b. Flyers, both in English and Chinese, to be distributed to Chinese clients of the clinic
- c. Poster for display in reception areas.

Promotional activities in the Action Plan will continue in 2006 with the continued focus on various Chinese media.

## 2. Assistance in Accessing and Using HACC Basic Services

Recommendation made at Section 6.2 to assist individual Chinese-speaking applicant to access HACC basic services is currently taken up by CCSSCI CEGS Worker. With the promotion activities, potential applicants have contacted CCSSCI for referring them to their Local Council. The referral process is facilitated by the Referral Protocol developed by the Working Group of the three Councils and CCSSCI in October 2005.

## 3. Client-centred approach

Cultural awareness training as mentioned in Section 6.3.2 is one of the recommendations in the research report. Under the CEGS Project, cultural training sessions have been conducted by CCSSCI in May 2005 to Council staff. This training session has been included in the Action Plan of the CEGS Project of CCSSCI and will be conducted again in May 2006 if necessary.