What are the barriers for Somali and Assyrian Chaldean elderly communities in accessing mainstream health and welfare services?

A thesis submitted in fulfilment of the requirements for the degree of Masters of Social Work by Research

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June 2012
Preface

My passion and interest for people and cultures is influenced by three main factors: my own experiences growing up in Calcutta, in India; my parent's past history of migration, and my settlement experiences in Australia.

Calcutta is the capital city of West Bengal and is situated on the banks of the river Hooghly. The population of Calcutta as of 15th of September, 2010, has approximately 5,234,356. Calcutta boasts of a melting pot of cultures, and the population consists of Bengalis, who are the natives of Bengal, and other nationalities such as, Ghotis, Bangals from East Bengal, Biharis, Marwaris, Oriyas, Anglo-Indians, Chinese, Tamils, Telegus, Malayalees, Gujaratis, Assamese, Punjabis, Marathis, Parsees, Nepalese and Caucasian Europeans.¹

My recollection of Calcutta during my childhood was that ethnic groups lived very peacefully and shared in each other's cultures. However today a combination of political mayhem, and ongoing religious clashes between the ‘Hindus’ who represent the main religious preference of most Indians, and minority religious groups like the Muslims has changed the peaceful past of Calcutta’s history and the rest of India.

My parents themselves were migrants and were first generation ‘Calcuttians’ who had migrated from Burma during the 2nd World War. Due to the Japanese invasion of Burma in 1942 my father who was employed by a British company had to leave Burma, his wife and son, and relocate to establish the business in Calcutta. The onslaught of the war, and the commencement of Japanese bombing of Burma, led to my mother’s decision to make the slow and perilous journey to India as a refugee along with my elder brother who was one year old.

My own migration journey to Australia was quite different compared to my parents. I arrived in Australia 23 years ago as a skilled migrant with my husband and two young children. Our initial settlement was challenging and included finding suitable employment that matched our overseas qualifications and work experience. We also moved States due to employment reasons and spent our initial first two years in Tasmania, which we often reminisce about and thank God for the warmth and love of Tasmanians who opened their hearts and homes to ‘foreign’ strangers. After two years we relocated back to Melbourne due to employment reasons and commenced a new life again. For my husband, my children, and I, our settlement journey can be characterised as a roller coaster ride of both good and bad experiences.

My parent’s experience as migrants starting a new life in India was very successful and positive, and I have very happy memories of growing up in India. However, it did come with a price: they lost their networks, and were separated from their extended families and had to establish new social connections.
I am aware that most migrant settlement journeys are unique to each one own experiences both good and bad. However having walked the same road, there is no doubt in my mind that we share many common milestones, which mark the road to settlement in a new country.

I believe it is all of the above reasons that underpin my interest and passion to research the two small and emerging elderly communities – the Assyrian Chaldeans and the Somalis, and to explore what are their barriers in accessing mainstream health and welfare services.

At the end of my research I hope to contribute in some way to improving the settlement experiences for these elderly migrants and in particular, navigating an alien health and welfare service system.
SUMMARY

This research investigated the barriers for the Somali and Assyrian Chaldean elderly small and emerging CALD (culturally and linguistically diverse) communities, in accessing mainstream health and welfare services.

The rationale for the research was driven by my working knowledge of these communities, and the need for advocating on their behalf for appropriate services. As the manager of Spectrum’s Aged and Disability services, as many of these communities age it is necessary to identify and support them appropriately, and to assist them to navigate barriers of accessing culturally appropriate health and well being services.

The current Home and Community Care (HACC) services funded by the Victorian Department of Health are: centre-based respite, transport, social support, domestic assistance (home help and home Care), personal care, home maintenance, home modification, and community nursing. ² However, the HACC services provided do not make sufficient provision for these new emerging communities, and their culturally diverse needs, due to their model of culturally inappropriate services. This could be a possible reason why older people from small and emerging communities are less

visible in the local community, given their lower usage of mainstream aged care services.

The research design developed for the study of the two communities consisted of a qualitative exploratory design engaging with the elders and leaders of the communities, medical practitioners and aged care service providers. This was carried out through facilitating focus groups and interviews so that their needs were identified and documented. The research methodology included culturally appropriate strategies — focus groups and interviews were conducted with consideration of participants’ lack of English comprehension by engaging members of the target communities to provide support through interpreting conversations between participants and researcher.

Thematic analysis was used to analyse data collected from focus groups and interviews identifying barriers to accessing services for these elderly migrants. Issues identified were: English proficiency, loss of networks due to settlement in a new country, financial limitations, lack of confidence, trauma and shame associated with past experiences.

Finally my research created an opportunity to work closely with elderly members of these communities, via a pathway of mutual trust and respect to explore and identify barriers, challenges, strengths and limitations in assessing the available health and welfare services in Victoria.

Knowledge gained from the focus groups, and interviews was shared with service providers, government departments, multicultural services, and ethnic services in order to ensure that elderly Somali and Assyrian Chaldean communities benefited
from the research undertaken through knowledge of their barriers accessing mainstream health and welfare services.
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   - Feedback Somali Community
   - Feedback Assyrian Chaldean Community

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Introduction

The intent of this chapter is to introduce the research study that follows, and provide a overview to the contents of the chapters, to investigate the barriers of the Somali and the Assyrian Chaldean elderly communities accessing mainstream health and welfare services.

Both communities chosen for the research are under-represented as service users as per the Minimum Data Set (MDS) for the Victorian Home and Community Care Program, for the northern region of Melbourne. Both these communities are new and emerging into the service system, with little formal research having been conducted on their health and welfare needs.

The Research Question

What are the barriers for Somali and Assyrian Chaldean elderly communities in accessing mainstream health and welfare services?

Background

As mentioned earlier the current Home and Community Care (HACC) services are not made to meet the culturally diverse needs of new emerging communities. This could be a possible reason why older people from small and emerging communities are less visible in the local community, given their lower usage of mainstream aged care services.
The 2006 Australian Bureau of Statistics census\(^3\) reported that Australia’s culturally and linguistically diverse (CALD) population as per country of origin consisted of the following numbers:

Table 1

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-West Europe</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Southern and Eastern Europe</td>
<td>722,000</td>
</tr>
<tr>
<td>South East Asia</td>
<td>553,000</td>
</tr>
<tr>
<td>Oceania</td>
<td>496,000</td>
</tr>
<tr>
<td>North East Asia</td>
<td>389,000</td>
</tr>
<tr>
<td>South and Central Asia</td>
<td>268,000</td>
</tr>
<tr>
<td>North Africa and the Middle East</td>
<td>251,000</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>192,000</td>
</tr>
<tr>
<td>America</td>
<td>180,000</td>
</tr>
</tbody>
</table>

The Department of Foreign Affairs and Trade’s report of 30 June 2008 states ‘Approximately 25.6 percent of the estimated resident population of Australia comprised those born overseas. The communities representing the highest overseas born population are the United Kingdom (1188 247, 20.43 of overseas born), New Zealand (529 178, 9.10 per cent), China (350 979, 6.03 per cent), India (308 542, 5.30 per cent) and Italy (219 336, 3.77 per cent). Overall the proportion of overseas born residents from European countries of birth is declining while the proportion of migrants coming from Asia and Africa is increasing’.  

Statistics such as this is indicative of the knowledge that a significant number of the population represented in the above statistics are small and emerging communities and are from Asia, Africa and the Middle East.

**Defining Small and Emerging**

The determining factor that provides the understanding of the term ‘small and emerging’ is led by the knowledge that these communities are small in numbers and are emerging into the Australian aged care service sector. The Australian Government’s Department of Immigration and Citizenship, Community Information Summary profiles of the Somalis, and the Assyrian Chaldeans, (2006) indicated that ‘there are 4310 Somalis in Australia, out of which there is a large concentration in Victoria numbering 2620, and Assyrian Chaldeans from Iran are 1,600, and from Iraqi born are 13,150’. 

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5 The Australian Government’s Department of Immigration and Citizenship, 2006, p. 1-4, Canberra
The Australian Government Department of Immigration and Citizenship, ‘Community Information Summary on Somali’s (2006), reports that the proportion of the Somali population in Australia over the age of 65 represents 2.3% of the total population of people of Somali background in Australia. Anecdotal information gained from working with the Somali community has led to the knowledge that Somalis consider anyone over the age of 55+ to be elderly.\(^6\)

As these communities age it is necessary to identify their health and welfare needs early so as to support them appropriately. This will avoid them becoming a burden on government resources and potentially improve their quality of life.

In order to acquire an adequate understanding of the Somalis and the Assyrian Chaldean communities this study has been undertaken across the ambit of information available from research reports, and studies, carried out by government (state, local and federal), ethnic agencies, multicultural agencies, and aged care services. Despite the refugee and settlement experiences for both the Assyrian Chaldean and the Somalis being unique to their own situation, there are similar patterns and trends in their refugee and settlement experiences that are common to all new and emerging communities.

The first port of call in preparing for the journey ahead for the research study was to determine, what is meant by ‘small and emerging’? (Classified also as ‘new and emerging’ by the Australian Department of Immigration and Citizenship).

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\(^6\) The Australian Government’s Department of Immigration and Citizenship, 2006, p. 1-4, Canberra
The Department of the Premier and the Cabinet Multicultural Affairs of Queensland Report (1998), informs that ‘New and emerging’ groups were deemed as a priority for government funding, however there was no conceptual definition of ‘new and emerging communities’ within the government’s framework.  

There are numerous descriptive explanations of ‘small and emerging’ as demonstrated in the examples presented below, however, there is an intrinsic thread of commonality that underpins the definitions of ‘small and emerging’ which is entrenched in the definition that follows.

‘New and emerging communities are ethnic minority populations of newly arrived migrants who have increased significantly in their numbers of people arriving in Australia in the past fifteen years. These ethnic minority communities are small in numbers compared to the more established larger communities, and some of their initial settlement challenges as stated by the National Ethnic and Multicultural Broadcasters Council include, high levels of unemployment, English language barriers, low-income status and social issues. All of the above limitations of new and emerging communities are defined as special needs for members of these communities’. 

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7 Department of the Premier and the Cabinet Multicultural Affairs of Queensland Report 1998, Page 1, Chapter 5, Australia

8 The National Ethnic and Multicultural Broadcasters Council, 2004, p.147
Historical background and refugee experience of the Assyrian Chaldean and Somali elderly

Migration to Australia by new and emerging communities such as the Assyrian Chaldeans from Iran and Iraq, and Somalis fall under the category of humanitarian entrants. Even though it is acknowledged that all refugee experiences are unique to individual experiences, what is common is the trauma, torture, grief, loss, and oppression experienced when fleeing from their countries of origin.

Many elderly refugees have lost their families due to death or abandonment. In the case of women the experience of shame and anger associated with rape and sexual assault can never be wiped from their minds and the scars are carried through their settlement in a new country. For many small and emerging communities like the Assyrian Chaldeans and the Somalis the initial settlement requirement is very challenging, and is further complicated due to the lack of knowledge of the dominant language.

The significance in delineating the needs of elderly Assyrian Chaldeans and Somalis necessitates a deeper understanding of their historical background, their life, their refugee experiences, and their settlement experiences in Australia.

Assyrian Chaldeans - Pre Diaspora

In 612 BC after a long period of war Assyria was conquered and destroyed by the Babylonians and the Medes, and marked the end of the Assyrian rule. However contrary to the thinking that this ended the Assyrian empire and their people, the Assyrians survived.
Smith (1925, p.1) asserts that the fall of the political system of a state or country has never automatically meant the destruction of an entire people. He reiterates that the fall of the Assyrian empire did not automatically lead to the disappearance of its people, but rather to the loss of its independence. There is not much information regarding the political situation post the fall of the Assyrian empire; however what is known is that the western part of the empire as far as the Tigris was controlled by the Babylonians, and the Eastern part of the land was ruled by the Medes.\(^9\)

Today the ancestral home land of the Assyrian Chaldeans, and its empire, is now part of Iraq, Iran, Syria and Turkey. Assyrian communities live within all these countries and are likely descendants of the ancient Assyrians and Babylonians who had survived for centuries.

The population of Assyrians living across the world is estimated at four million, of whom it is reported that two million live in the northern part of Iraq their historical birth place. However many Assyrians left Iraq following the two Gulf wars (first one commencing in August 1990, and the second in November 2002)\(^{10}\) and the remaining population of Assyrians, was estimated at less than a million. \(^{11}\) Assyrian settlement in other neighbouring places was as follows: Syria 800,000, Iran 74,000, and less than 25,000 in Turkey.\(^{12}\)

Ishaya (2006) author of the journal article titled ‘A History of Urmia Assyrians in the United States’ states that Assyrian’s migrated to United States of America between 1906 to 1918, however the reasons for migration included to learn new trades and make ‘quick money’.\textsuperscript{13}

The Assyrians’ cultural life was comparatively superior to those of their neighbours and consisted of a high level of literacy evident in the areas of medicine, astronomy, mathematics, and history. This led to a valuable knowledge base that enabled subsequent generations to continue the trend. It is also interesting to note that a deeply rooted oral tradition existed in the country that assisted in preserving the unique identity of the Assyrians, despite the consequent conversion to Christianity.\textsuperscript{14}

The mid nineteenth century saw the genesis of Christianity in Assyria. The Assyrians having suffered under the domination of the Romans and Persians and with no political representation, re-grouped around the institution of the church. As such the head of the church was not just a religious leader, for spiritual enlightenment but also an authority for the community, and was the final keeper for the traditions and culture of the Assyrian people.\textsuperscript{15}

\begin{footnote}
\textsuperscript{13} Ishaya , Arianne, 2006. ‘Settling Into Diaspora: A History of Urmia Assyrians in the United States’, p.3-21
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of the East’, which was the expression used on the commencement of a formal religious structure. He also claims that if the Assyrians had not converted to Christianity the Assyrian community would have had to face many more challenges, and obstacles, and may not have survived. As a result of having experienced tremendous hardship and continuous oppression, the Assyrians have leaned heavily on the church for support, and as such their allegiance is first to religion and then to their cultural identity, and this became more evident with the rise of Islam.  

He asserts, that it is hard for neighbours in the Middle Eastern countries to truly comprehend the plight of the Assyrians as they had not experienced the extreme oppression that the Assyrians had faced. He stated that even in recent times commencing from the 1970s, the Assyrians have had to flee from Iraq and Iran, due to oppressive politic and radical government regimes, and have sought asylum across the globe in western countries that would accept them.

In conclusion Yildiz reiterates that the Assyrian community's claim to have a right to their own identity is justifiable. Their traditions, language and history demonstrate the uniqueness of the Assyrian culture.  

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Quality of life pre settlement in Australia

Since World War One Assyrian Chaldean have been living as refugees in many countries including Turkey, Lebanon, Jordan, Iran and Syria. A significant proportion of recent arrivals from Iraq, have reported experiences of torture, trauma, and persecution suffered as a minority Christian community living under Saddam Hussein's regime for years.\(^\text{18}\)

Persecution of the Assyrian-Chaldean cultural and religious faith has included prohibition of the use of their language, as well as brutal physical and psychological torture, arbitrary arrest, imprisonment and general harassment by the wider population.

The Iraq war was a primary cause for a large number of Assyrians leaving the country. It was described in the media as ‘Christian exodus of the Middle East’\(^\text{19}\) when news of Iraqi Assyrians escaping the violence in their war-torn country following Saddam Hussein's fall in 2003 made international headlines.\(^\text{20}\)

Prior to the war the Christian population of Iraq was estimated at 5 percent. However due to the political mayhem in the country, and concerns for their safety, 4.2 million Iraqi minority communities including the Assyrians, left to....

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\(^\text{18}\) Brief History of Assyrians  
http://www.aina.org/aol/peter/brief.htm

\(^\text{19}\) Assyrian People  
http://wn.com/Assyrian_people

\(^\text{20}\) Unrepresented Nations and Peoples Organizations  
http://www.unpo.org/memebers/7859
seek asylum in neighbouring countries\textsuperscript{21} such as, Syria, Jordan, Lebanon, Turkey, and Australia, Canada, and the United States.

Yildiz (1999), reports that the two Christian communities, the Assyrians and the Chaldeans, decided to merge and form the United Assyrian Chaldean Christian community.

However due to the loss of data relating to language spoken at home, and having lived in a number of Arabic countries, many Assyrian Chaldeans identify Chaldean as their first language instead of Assyrian or Aramaic.

From the 1980s onwards Assyrian Chaldeans were fleeing persecution from countries engaged in wars. Those from Iran were escaping the oppression of a Muslim fundamentalist leader, the Ayatollah Khomeini. And from Iraq people sought to escape Saddam Hussein’s regime, and most recently the violence as a result of the total destabilisation of the country post Saddam. The Christian minority continues to be targeted by the extremist Islamic government.

It is important to note that information regarding the experiences of persecution of the Assyrian Chaldeans under Saddam Hussein’s government is limited. However anecdotal information gained from members of the Assyrian Chaldean community living in Melbourne provides knowledge of the atrocities that the Assyrian Chaldeans experienced.

\textsuperscript{21} Unrepresented Nations and Peoples Organizations

http://www.unpo.org/members/7859
Anecdotal information has been gathered from the sharing of experiences with workers, and through lengthy conversations with colleagues, and by working closely with the Assyrian Chaldeans communities from Iran and Iraq.

The stories of torture, trauma and humiliation experienced by the Assyrian Chaldeans are heart wrenching and breach all the laws of the United Nations Organisation Charter, and the World Human Rights framework.

The Assyrian Chaldean Settlement in Australia

Tinney states (2006, p.4), in her brief report on the Assyrian Chaldean community, that they desired a politically safe country to live in. She is of the opinion that the Assyrian settlement in Australian can be identified in three stages, in the early 1970s, next as a result of the first Gulf war, and finally the more recent Iraq war.22

According to the 2001 Census, a total of 18,066 people spoke Assyrian (including Aramaic) at home. However, out of this number, there were 4600 living in Melbourne. Community leaders advised that the population were relatively more than was reported, and estimated between 7000-9000 people underrepresented due to fears of being identified, and wanting to stay anonymous due to past experiences of trauma and torture.

Tinney (2006) argues that leaving their country of origin, and having lived in a number of Arabic countries, resulted in them adopting the ‘Chaldean’ language as their first language instead of ‘Assyrian or Aramaic’. This has also created confusion.

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as to their identity, amongst mainstream service providers, with them often being inappropriately perceived by funding authorities, as under the Iraqi indigenous communities umbrella.

A large number of Assyrians who arrived in Australia after the 1980s were refugees or humanitarian entrants (Tinney, 2006). Many experienced trauma and torture, as mentioned earlier, when escaping from Iraq and Iran. They had to pursue long journeys across mountain ranges by foot, with the constant threat of being robbed or killed. She reports that many people who have arrived since the 1990’s were in the older aged cohorts and were in the age groups of 50 to 75 years. These elderly people were accompanied by their children and fell into the category of extended family groups, or as single mothers accompanied by their children, and came under the Women at Risk refugee resettlement category. Their initial settlement experiences were fraught with problems such as: education, parenting in the ‘Australian’ cultural context, and a lack of financial and practical resources to engage in community activities.

Tinney’s (2006) report identified the Assyrian Chaldean demographic settlement as predominantly in the northern regional areas of Melbourne, and reported the Assyrian Chaldean population dispersed across the local government areas of Hume, Moreland, and Whittlesea, within accessible distances of churches.

The 2006 Census reports the population numbers for Assyrian Chaldeans from Iran are 1,600, and Assyrian Chaldeans from Iraq are 13,150.
Tinney (2006), engaged a participatory action research strategy that included focus groups and one-on-one interviews with members of the community, and allied health workers, including medical practitioners associated with these Assyrian Chaldean elderly. The most common barriers identified by elderly Assyrian Chaldeans were the lack of connection to their community, their feelings of social isolation, and language barriers due to their lack of proficiency which made their settlement in Australia more complex and challenging. This also limited their access to mainstream services, and created a dependency on their families and service providers for their day-to-day living requirements including, ‘shopping, banking, and dealing with government departments for their ageing needs’.

As reported by Tinney (2006), and supporting Yildiz’s (1999), earlier findings, the Assyrian Chaldeans have had a long history of persecution and oppression. In order to get a comprehensive understanding of the needs of the elderly Assyrian Chaldeans, and to ensure that their settlement experience is appropriate to their intrinsic cultural and religious needs, it is crucial to engage with members of the community and service providers. This will also inform an understanding of the appropriate models of service provision required for these ageing Australians.

It is also important during my exploratory research to develop increased knowledge of Assyrian Chaldeans that is unique to their history, background, cultural and religious beliefs. This will inform the creation of a profile of the Assyrian Chaldean community that will better equip policy makers and service providers in their quest to improve services for the ageing members of the Assyrian Chaldean community, and provide recommendations of areas for more substantive research.
Mohumad (1998) provided a brief geographical and historical background for the North Eastern Regional Migrant Resource Centre for its Somali Educational Package. It was prepared to create a better understanding of the background, history, cultural and religious beliefs unique to the Somali community settled there.

He states that Somalia or ‘Puntland’ named by ancient Egyptians was rich in produce of frankincense which was an aromatic resin used to embalm their kings and queens. Ancient Somalis were mainly pastoral nomads (70%) and moved with their herds in search of grazing land across the savannah plains.23

He reports that pre colonisation commencing from the 15th century, Somalis had a unified administration system and clan-based sultans and elders ruled different parts of Somalia. This unique system of administration in Somalia laid the foundation of continuous conflict between different ethnic communities, and ongoing rivalry between the different clans. This platform of disharmony amongst the different ethnic communities with no strong united front, created a catalyst in weakening Somalia as a country, and led to invasions by the European colonial powers such as the French, Italian, and the British. Consequently Somalis now live in four different countries in East Africa: Somalia, Ethiopia, Djibouti and Kenya.

The poor conditions in Somalia led to the United Nations establishing the ‘Transition Plan (UNTP) 2008 to 2009’, which aimed to support the reconstruction and the development of Somalia under its RDP programme, and through this pathway

23 Mohamud, M. A. 1998, Quality of life and settlement in Australia, p.9
address all the other critical issues such as, human rights, gender equality, and HIV/AIDS prevention and treatment.  

**Quality of life pre settlement in Australia**

The lack of a national infrastructure in independent Somalia culminated with Major General Mohamed Siad Barre taking control as a result of a military coup in 1969. He remained in power until he fled Mogadishu in January 1991. 

This heralded the victorious United Somali Congress, with General Mohamed Farah Aideed promising a platform of national reconciliation and a referendum for a future government.

However the historical “clan-based” rivalry commenced, which resulted in thousands of civilians being killed and wounded in Mogadishu, and the security, safety and the basic needs of the ordinary Somali became a challenge, giving rise to starvation, corruption, banditry and looting of vital commodities such as food. As a result of this many Somalis fled their country and experienced severe hardships, loss and trauma, and lived in refugee camps in countries such as Mombasa, Kenya, Ethiopia, and sought asylum in other countries such as Britain, Canada, Netherlands, Sweden, Finland and Australia.

The most vulnerable victims of this political mayhem were women and children. It was reported that women were increasingly being targeted during clan attacks, and

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reports of women being murdered and raped increased. It is reported in the article ‘Gender Profile of the Conflict in Somalia, UNIFEM (2003), that Somali women struggled to face challenges such as inadequate food, experiences of extreme hardships such as poverty, illness, fear for their safety, and lack of employment and education. All of the above had a detrimental effect on Somali female heads of households, who had either lost their husbands due to death associated with the political situation, or had been abandoned or divorced under Shariah law. This made Somali women extremely vulnerable, and victims of their refugee experiences.26

As indicated by Briton, Putman Noor (2004, p.9), after 1988 refugees fleeing Somalia settled in different parts of the world. This included the Gulf, Western Europe, and North America. Somali settlers in Europe between the period 1988 and 1994 had a strong preference to live in Scandinavian countries. However it was reported that by 1999, a large population of Somalis amounting to 53 per cent of the Somali population settled in the UK, and as a result by the end of 2002 the Somalis formed the third largest community of asylum seekers in the UK.27

**Somali Settlement in Australia**

The 2001 Census reported that the Somalia-born population in Australia totalled 3,714 people. Members of the Somali community settled in Victoria (2,311 people or 62%), New South Wales (600 people or 16.2%) and Western Australia (465 or

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26 Mohamud, M. A. 1998, *Quality of life and settlement in Australia*, p.9
27 Somali Bantu 2004, *Their History and Culture*

www.cal.org/co/somali/index.html
12.8%). Smaller numbers settled in Queensland (190 or 5.1%) , South Australia (102 or 2.7%), the ACT (22 or 0.6%) Tasmania (11 or 0.3%) and the Northern Territory. \(^{28}\)

The 2006 Census identifies 4,310 Somalia-born people in Australia, an increase of 16.9 per cent from the 2001 Census. The 2006 distribution by state and territory reports that Victoria had the largest number with 2620 followed by Western Australia (630), New South Wales (580) and Queensland (260). \(^{29}\)

The North West Migrant Resource Centre's (2004) brief profile on the Somali community included demographics of Somali settlement in Australia. It reported Somalis arrived in Victoria as follows: in 1981 only 12 Somalia born people, 20 between 1981-1985, 118 between 1986 and 1990 and 823 between 1991-1995. The majority of the Somali-born community arrived between 1996-2001 in Victoria. It was also identified that a large number of the Somalia-born population arrived under the Humanitarian entrant category at the commencement of the civil war in Somalia. Post this period settlement reports indicate that approximately 300 newly arrived, settled in the Western Region of Melbourne. Currently the majority of Somalis live in the local government areas of Moonee Valley, Banyule, Darebin, and Melbourne City. \(^{30}\)

\(^{28}\) Settlement in Australia (www.abs.gov.au/census/2001)  
\(^{30}\) The North West Migrant Resource Centre Somali Profile, May 2004, Melbourne
Targeting the Assyrian Chaldean and Somali small and emerging communities.

At the commencement of this chapter I determined the definition of ‘Small and Emerging’ communities. This is due to the fact that there is a lack of formal research carried out on the Somalis and the Assyrian Chaldeans (Grundy, 2005). Due to this lack of sufficient data available on ‘small and emerging communities’, I will review reports and studies from anecdotal information, government, ethnic, multicultural and other aged care service providers available across the ambit of the last 10 years. A comprehensive picture will be drawn from all of the resources reviewed to get an increased understanding of what are the challenges for small and emerging communities in their access to health and welfare services.

Following from this investigation, it is important to focus then on the two small and emerging elderly communities: Assyrian Chaldeans from Iran and Iraq, and the Somalis.

In order to ascertain the ageing needs of these elderly migrants who are small in numbers, and are under-represented as service users, it is crucial to my study to get an in-depth knowledge based on their life experience pre settlement in Australia.

Both the Somalis and the Assyrian Chaldean can be perceived as ‘homogeneous’ due to their similar experiences of diaspora, trauma, grief and loss due to refugee experiences fleeing their countries of origin, enmeshed in political mayhem and wars; however there are significant differences of language, culture, and religion.
My own experience of working as a housing case worker with refugees during the first six years of their settlement in Australia, including the Somalis and Assyrian Chaldeans, has made me aware of the challenges of access to services for elderly migrants from refugee backgrounds. The primary issue that elderly migrants from small and emerging communities deal with is fluency in English. The lack of understanding of what is being said to them by service providers is fraught with the complexities of misinterpretation. This sometimes leads to a loss of understanding of valuable information provided by service providers, for critical settlement, and ageing services, i.e. Housing, Centrelink, and Health services.

Barriers in accessing services, due to limited or no English language understanding is the genesis of settlement barriers for refugee communities like the Assyrian Chaldean and the Somalis. This view is endorsed by the Federal Ethnic Communities Council’s Access and Equity annual report, (2006-2008), to the Department of Immigration and Citizenship. The report recommends the requirement of government’s to work towards Strengthening the Access and Equity Framework through: improving of data; and strengthening the use of interpreting Services.\(^31\).

However, my own working experience informs my awareness that quite often due to privacy issues many refugee settlers prefer not to use formal interpreters from their community, due to shame associated with the disclosure of their identity. There is a preference to use case workers or support workers who they have established trust with, or someone outside the community.

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\(^{31}\) FECCA 2008 Access and Equity Report, p.7-40
Working closely with Assyrian Chaldeans and Somalis colleagues over the years, has led to a valuable resource of anecdotal information, for which I am very grateful for the trust bestowed in me. Their sharing of personal tragedies and experiences of life in Iraq, Iran and Somalia, pre settlement has motivated me to undertake the current research to increase knowledge of their barriers in accessing health and welfare services. The inability to communicate with others whether it is their neighbours, or settlement workers, for basic requirements of survival in a new country, has led to a loss of social identity, for small and emerging communities. This has created social isolation and restricted information flowing through to elderly members of the communities.
Chapter One: Literature Review

This chapter discusses the limited awareness of the emergence of small and emerging communities like the Assyrian Chaldeans from Iran and Iraq, and the Somalis, made evident by lack of literature which poses a challenge to the literature review undertaken.

This is principally because there are only brief reports and community profiles created by regional Migrant Resource Centres and ethnic aged care services, to raise awareness of the needs of ageing Assyrian Chaldeans and the Somalis.

The review of statistical data from the State Government HACC (Home and Community Care), Local Government, Federal Government (Department of Health and Ageing), and the Australian Bureau of Statistics 2006, identified low representation of both Assyrian Chaldeans and Somalis.

However, as a strategy to address the limited literature available specifically on the two communities, it was necessary to study research reports, and look at government policies (state, federal, and local) on small and emerging communities.

Even as the refugee and settlement experiences for both Assyrian Chaldeans and Somalis are unique to their own experiences, there are patterns and trends in their refugee and settlement experiences that are common to all new and emerging communities.
There is a wealth of knowledge, skills and hands on experience of multicultural and ethnic service providers, as a result of establishing trust with members of the Somali and Assyrian Chaldean communities. However this resource cannot be viewed as empirical, and has no academic theory base to its source. This information is authentic from the point of view that it is the actual stories of the refugees and has not been meddled with through interpretation of research strategies. The knowledge base by which the Somalis and the Assyrians have preserved through their history and identity from their oppressors and by holding onto to their verbal culture is vital for the authenticity of the research.

It is also a general concern that amongst service providers (both government and others) that no rigorous research has been undertaken on these two communities. Most of the research undertaken has been brief reports by Migrant Resource Centres, local councils, and ethnic agencies, and has not been considered as valuable information to assist service providers in mapping services for these communities.

The Ethnic Communities Council of Victoria (ECCV) in collaboration with the Healthy Ageing Research Unit at Monash University in 2008 launched the project entitled ‘Mainstream versus ethno-specific services: It’s not an either or’. The aim of this project was to review substantial literature concerning the delivery of community aged care services to people from culturally and linguistically diverse communities. However the findings of the project confirmed what other service providers have suggested, that there was lack of evidence-based research and publication amongst CALD-specific aged care service providers, and that even though very relevant it was perceived as empirical research.
Chapter Two: Theoretical Evidence

This chapter is a discussion of my choice of engaging a qualitative framework for the purpose of the research. The characteristics of a qualitative design consist of flexible strategies best suited to researching these two new and emerging communities.

My knowledge of Somalis and Assyrian Chaldeans and their limitations in English, influenced my choice of choosing a qualitative theoretical framework to conduct my methodology with a narrative approach, rather than a quantitative data analysis strategy. Qualitative flexibility as described by Bryman (2004) emphasises five main areas, namely: seeing through the eyes of research participants; description and context; process; flexibility, and a lack of structure, concepts and theory. Such a theoretical design that allows for modifications of its strategies, as described by Bryman (2004) presents a suitable style of a qualitative design for the purpose of the research Bryman (2004, p.266).

The research strategies utilised for the study of the two communities are characteristic of a qualitative exploratory design: engaging with the elders and leaders of the communities, medical practitioners and aged care service providers, through facilitating focus groups and interviews so that their needs can be identified and documented accurately.

It is critical for the authenticity of the research that information provided at focus groups and interviews is shown as presented, to ensure accuracy of documentation as provided by elderly participants. As such the strength of a qualitative methodology is that it generates authentic detailed information as provided by the focus group and
interview participants, and does not change what was said as stated by Bender & Ewbank, (2007) they stated ‘it is pertinent to the research of the Somalis and the Assyrian Chaldeans, ‘it is critical to relay information as it has been articulated, to ensure that data remains credible’.  

Rubbin & Babbie, (2007) asserts ‘that the methods utilised in a qualitative design take into account the deeper meanings of human experiences, which results in the generation of more realistic theoretical observations’. My past work experience as a settlement worker with refugee communities from the Horn of Africa, has made me aware that Somali women have a preference to work with female case workers. Reasons for this are: most of these women lost their spouses during the civil war or revolution that took place in Mogadishu between 1991–1993, and more recently in 2006; and the Somali culture prohibits widows being in the company of other men, with the exception of their immediate family. The other very important reason which is not openly spoken about due to shame associated with it, is that many women experienced being raped by rival clan members and have a deep distrust of men, so except for their own family members, they prefer female-assisted support services.

The preference of a thematic analysis tool for the purpose of analysing data collected from focus groups and interviews was suitable as a research strategy. It acknowledges Aronson’s (1992) theoretical strategy, that ‘a thematic analysis tool is suitable for the purpose of research when information collected from respondents will

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32 Bender & Ewbank 1994, p.63, vol.4
33 Rubbin & Babbie, 2007, p.34
be analysed with a focus on identifying themes and patterns of living and behaviour of people.\textsuperscript{34}

My experience of working closely with both the communities raises the concern that the unfamiliarity of western rules and regulations makes the participants vulnerable to a lack of knowledge of the ethical issues tied up with the research strategies proposed. As a responsible researcher, I believe it required me to ensure that before commencement of focus groups and interviews, participants were made aware of ethical issues. Consent forms were translated and distributed amongst those participating in focus groups and interviews, before launching into focus groups.

My past work experience with both the communities has led to the knowledge that Somalis and Assyrian Chaldeans are generally fearful of speaking their mind due to having experienced political oppression under dictatorial governments. Participants were assured that their names would not be disclosed in the final research report to ensure protection of their identity. Confidentiality issues were also addressed before commencing focus group and interview sessions.

\textbf{Chapter Three: Research Findings}

In this chapter I will present the findings identified through engaging a qualitative exploratory methodology, utilising culturally appropriate qualitative strategies with an aim of answering the research question, What are the barriers for Somali and Assyrian Chaldean elderly communities in accessing mainstream health and welfare services?

\textsuperscript{34} Aronson, 1992, p.1
The qualitative strategies will include narrative data collected from the focus groups and interviews in response to the research questions:

- Are there barriers for elderly Somali and Assyrian Chaldeans to access health and well being services?

- What are the current health and well being services that are culturally appropriate to the needs of the Somali and Assyrian Chaldean elderly communities?

- Do these communities have knowledge of health and well being services?

- How do elderly Assyrian Chaldeans and Somalis navigate the current services system to access services?

The highlights and challenges of conducting focus groups and interviews with only a small population representation of the Somalis and Assyrian Chaldean communities is discussed.

My previous work with both communities has made me aware of unique cultural issues characteristic of each community. For example with the Somali community, it is not appropriate for them to participate in focus groups on a Friday, they attend prayers at home or local mosques. In the case of the Assyrian Chaldean focus group participants, consideration has to be made to ensure that they are not placed under an Iraqi umbrella group as this will be disrespectful to their past experiences of oppression and torture. Anecdotal information regarding cultural considerations required for research strategies involved in studying elderly Assyrian Chaldean and Somali communities barriers in accessing services is elaborated below.
Somali Community

My past work with the Somali community has made me aware that members of the same clan seem to be happier with their own group, and that often difference of opinions in a focus group situation may need to be handled with sensitivity.

It will also be vital to the success of the focus groups that participants remain focused on the questions, and are not distracted by other conversations. I will have to ensure that I demonstrate understanding and empathy when information is being shared, as there is a possibility that making reference to past experiences of traumatic situations may trigger memories of past personal experiences and oppression. Often there is a feeling among small and emerging community members that focus groups are too clinical and that there is not enough time to talk about the answer to the question. It is my intention to create a comfortable environment, for participants to discuss answers at length. Additional questions that came out of the focus groups were addressed by taking details down and organising alternative times to catch up with the person later. Once again the western concept of the ‘purpose’ of holding a focus group may work in theory but not in practice. For many Somalis and Assyrian Chaldean elderly, often when meeting service providers they are of the opinion that that this creates an opportunity to discuss other issues of concern. It was important on commencement of interviews and focus groups, that participants are made aware of the objective of the meeting, and that the process and questions were discussed with them prior to the sessions.
Assyrian Chaldean Community

For the Assyrian Chaldeans from Iran and Iraq, a critical difference is the religious preferences of each of these groups. The Assyrian Chaldeans historically, were a minority Christian community in Iraq and Iran who have suffered extreme injustices and oppression under the Islamic ideological governments. However, there is a tendency amongst service providers to classify Assyrian Chaldeans under the Iraqi community due to their small numbers which is inappropriate and disrespectful to the Assyrian Chaldeans due to their history of oppression in Iraq.

Another major difference is that the Iraqis are Muslims by religious preference and the Assyrian Chaldeans have a strong allegiance to Christianity. However it was important as a researcher to be aware of the dynamics of a mixed religious group, and to make considerations for any religious differences without deflecting any biases on the research process.

My working knowledge of these communities has made me aware of some common myths and misconceptions amongst small and emerging community members regarding service providers. One such misconception is that focus groups are organised to raise funding from government authorities on the pretext that it will be used for these communities, and that the money is taken by staff members working with the communities for their personal use. This may stem from past atrocities experienced by small and emerging communities in their countries of origin, when dealing with corrupt government personnel.
Another issue that I am aware of is that there is reluctance amongst some community members to participate in focus groups. This is due to the frustration of not being serviced appropriately by governments and service providers. As is in the case of the Somali community, there is a deep sense of frustration among some members regarding their inappropriate housing conditions. My experience as a housing working has made me aware that the poorly maintained conditions of public housing where many Somalis families live, has a detrimental effect on their health and well being.

To ensure that I remained credible to the aims of my research I clarified the aims and objectives of my research, with members of the target communities before commencement, and participation was voluntary.

**Chapter Four: Research Discussion**

In this chapter I have discussed the findings of my research and provide a comprehensive knowledge base of the two individual communities and their unique needs, defined not just by their cultural backgrounds, but by their ageing needs too.

I have elaborated on the results of my investigation of literature available on the two elderly communities, the Assyrian Chaldeans, and the Somalis and small and emerging communities, as they share some commonalities of refugee experiences, culture and traditional values.
Chapter Five: Conclusion and Recommendation

The knowledge and information gained from analysed data collected from focus groups, and interviews, and the research findings, will be shared through the outcomes of the research.

The recommendations will inform and increase knowledge of service providers, government departments, multicultural services, and ethnic services, as to what are the barriers of Somali and Assyrian Chaldean elderly communities in accessing mainstream health and welfare services.

Finally my research will provide an opportunity to work closely with the elderly members of these communities, via a pathway of mutual trust and respect to create a documented study, to identify barriers, challenges, strengths and limitations in assessing the available health and welfare services in the suburbs of Melbourne.
Chapter - 1

Introduction

This chapter covers my search of literature on the two elderly communities, the Assyrian Chaldeans and the Somalis, for the purpose of the research, through a process of exploration, and sharing of information with aged care service providers to increase knowledge of small and emerging elderly communities.

The literature review undertaken posed challenges for a number of reasons. Principally, there is limited research undertaken that focuses on the Assyrian Chaldean and Somali elderly population settled in Australia. There are brief reports and community profiles created by regional Migrant Resource Centres and ethnic aged care agencies, to raise awareness of the ageing needs of Assyrian Chaldeans and the Somalis, and to increase the knowledge of aged care service providers. There is also very clear evidence of under-representation of these communities as users of formal community services’. The aim of my review is to understand the reasons for lower rates of access to formal services by these two communities.

As a strategy to address the limited literature available specifically on the two communities, it was necessary to study research reports, and look at government policies (state, federal, and local) on small and emerging communities. Even as the refugee and settlement experiences for both the Assyrian Chaldean and the Somali communities are unique to their own situation, there are similar patterns and trends
in their refugee and settlement experiences that are common to all new and emerging communities.

Reviewing statistical data from the State Government HACC (Home and Community Care), Local Government, Federal Government (Department of Health and Ageing), and the Australian Bureau of Statistics 2006, on the representation of both Somalis and Assyrian Chaldeans, raises concerns about the accuracy of the data. The primary reason for this is that this data is derived from exploratory studies with low numbers of participants. Tinney (2006), recommendations highlights in her study the need for more research to explore the reasons for the low uptake of Home and Community Care services by both these communities.35

**Multiculturism**

The literature review commences with looking at the federal government's commitment to fostering a multicultural society through adopting policies that demonstrate an interest in responding to the needs of culturally and linguistically diverse communities. This is followed by consideration of documents, and reports at local, state and federal levels, and publications from aged care service providers, advocacy organisations and university research.

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For the purpose of gaining a better understanding of the federal government’s strategic stand on multiculturalism, and where new and emerging communities fit in the bigger picture, a review was carried out, and a research paper was written by Elsa Koleth of the Parliamentary Social Policy Department. The paper concluded that Australia did not have a multicultural policy that would support new and emerging communities, but instead has adopted a tighter stand on immigration, integration and citizenship. In exploring the barriers for elderly Somalis and Assyrian Chaldean in accessing health and wellbeing services, it is critical to gain an understanding whether Australia’s current multicultural policy is committed to providing equal rights to its CALD elderly.

The report states that multiculturalism has been a vastly debated policy since its commencement in Australia in 1970. The original policy has been subject to numerous changes due to federal multicultural policy statements that have evolved in response to changing governments and their priorities. This unfortunately has resulted in no defined policies to ensure marginalised groups represented in the Australian population i.e. small and emerging elderly communities like the Assyrian Chaldean and Somalis are ensured of aged care services that meet their diverse cultural requirements.

The historical background to the origin of the Australian multicultural policy stems from government’s response to post settlement issues that migrants experienced during the period 1980 to 1990. Currently all Australian States and territories have

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36 Koleth, E, 2010, Multiculturalism: a review of Australian policy statements and recent debates in Australia and overseas, Department of Parliamentary Services, Paper No.6, Australia

37 Department of the Premier and Cabinet Multicultural Affairs Queensland, 2007, New and Emerging Communities in Queensland, Queensland
multiculturalism embedded into their policies and programs. This affirmation that government’s policies and services are underpinned by a multicultural framework, whilst this can be perceived as demonstrating a fair and equitable access for service users, knowledge of limited information, and under-representation of new and emerging communities, questions the government’s failure to put policy to practice.

At a national level multiculturalism has been a critically viewed subject, and has been debated both in public and political arenas, with a modest acknowledgement of previous policies of assimilation and integration. The threat of global terrorism has been one of the main reasons for this shift from earlier consideration of multiculturalism; however it is important to keep in mind that the effect of terrorism has been experienced and dealt with differently by other immigrant receiving places like Europe, the United Kingdom and North America. As a result public debates across the ambit of these countries, have questioned the role of multiculturalism which has led to governments tightening their policies on integration, citizenship and immigration.38

The paper concluded that as Australia’s migrant population increases like many other countries in the world, it will be faced with challenges of putting in place constructive policy frameworks. It will have to explore innovative ways of dealing with the complexities of cultural diversity.39 It is necessary for the Australian government to acknowledge the needs of government policies to respond to the needs of a growing

38 Koleth, E, 2010, Multiculturalism: a review of Australian policy statements and recent debates in Australia and overseas, Department of Parliamentary Services, Paper No.6, Australia

39 Koleth, E, 2010, Multiculturalism: a review of Australian policy statements and recent debates in Australia and overseas, Department of Parliamentary Services, Paper No.6, Australia
multicultural ageing population (i.e. small and emerging communities like the Assyrian Chaldeans and Somalis).

The Australian government’s 2011 Multicultural Policy indicates a step in the right direction, underpinned by a commitment made to its citizens to demonstrate through its policy framework the following responses: ‘culturally appropriate programs and services; and providing for its citizens a fair access and equity framework for all Australian citizens.’ This provides hope for small and emerging communities, such as the Assyrian Chaldeans and Somalis, and is an important governmental policy resource to refer to for the purpose of my research study.

**Human Rights**

A report that recognises the need to respond to a growing migrant population is the Australian Human Rights Commission report to the federal Parliament as part of the National Action Plan 2006 which was funded to deliver many projects including ‘Making a Difference, Social Inclusion for New and Emerging Communities, 2008’ through the establishment of ‘Community partnerships for Human Rights’. The aim was to increase social inclusion, and reduce discrimination of African Australians.

One of the projects was, ‘African Australians: A report on human rights and social inclusion issues’, was a project of the Community Partnerships for Human Rights, funded to explore the issues that related to the settlement of African Australians and their integration into Australian society from a human rights viewpoint. As

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40 Australia’s Multicultural Policy, 2010, *The People of Australia*, p.2-5, Australia
mentioned previously the scarcity of formal research studies conducted on the Somali elderly community has posed a challenge to build a knowledge base for investigating the needs of elderly. As such the project throws light on the issues determined by African Australians.

The project aimed to make recommendations to service providers and stakeholders to inform future policy making, service design, program planning, and foster public debate and education of the sector. Its main focus was on black African communities in Australia, with a special consideration of African Muslim women, youth, and African Muslim communities who were considered to be more vulnerable. The project engaged an action research design that explored social inclusion and human rights issues for Africans. The project is similar to the proposed aim of the research to be undertaken to investigate the needs of elderly Somalis and Assyrian Chaldeans, and the findings to be utilised to inform policy makers and the aged care service sector to improve services. However, the project on ‘African Australians’, did not focus on elderly African men, and women and their barriers in accessing mainstream health and wellbeing services.

It stated that HREOC values and respects human rights illustration of people’s stories, and as such the African Australian project is built around inclusive governance and consultation. The steering committee was made up of representatives who had close links with the African communities and their local networks, as well as representatives from the partnering agencies like the Migrant
Resource Centres, representatives of the Federation of African Communities Councils, and the Centre for African Australian Women’s issues.  

The project highlighted issues that related to settlement of African communities in Australia from the perspective of human rights concerns, and recommended strategies to stakeholders so as to inform policy, program, and public debates. The parameters of the project issues included, Employment, Training, Education, Health, Housing and Justice. The project especially targeted more vulnerable African Australians due to emerging issues associated with their experiences.

The recommendations were:

- fostering flexible government policies and programs that respond effectively to the changing profile of migrants entering Australia; improved data collecting mechanisms; increase in cross cultural training for intake staff to gain a better understanding of their clients so as to inform culturally appropriate service delivery; demonstrated diversity with public sector recruitment outcomes; implementing policies that address the issues of language and literacy barriers that newly arrived migrants face during their settlement; and coordination of government services assigned to humanitarian entrants’.  

The project outcomes indicate that since the commencement of the consultations in 2006, State government service providers are better informed in their dealings with African humanitarian entrants. The Commonwealth and Western Australian State

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government service delivery agencies have implemented new programs that have increased the quality of services for African humanitarian entrants. A good example is integrated services centres like the GP super clinics that bring together general practitioners, allied health staff, and medical specialists to deliver better health care tailored to the needs and priorities of the local community.

In conclusion the project dealt with some critical issues and concerns of the African communities, and identified some key recommendations that may be similar to other CALD communities in particular small and emerging communities like the Assyrian Chaldeans.

The project information is useful for the purpose of exploring the challenges of Somalis, but contained limited information on elderly Somalis, and their barriers in accessing health and wellbeing services.

**Access and Equity for CALD Seniors**

The Australian Institute of Health and Welfare’s (AIHW) report, ‘Projections of older immigrants – People from culturally and linguistically diverse backgrounds, 1996-2026, in Australia’, which was released in May 2001, affirms the fact that the population of Australia is ageing. It also reports that people from culturally and linguistically diverse backgrounds are ageing at a more rapid rate than the Australian born population, which is evident in statistics found across the spectrum of aged care service providers both state, federal, and the 2006 census reporting.

It states: ‘By the year 2011 22.5% of older Australians will be from culturally and linguistically diverse backgrounds, indicating a significant growth rate of 66% in
comparison to the growth rate of 23% for the Australian-born older population’. It explains that the changing demographics are as a result of the ageing of the large-scale immigration intake to Australia after the Second World War. It predicts that by 2011 one in every five people aged 80 or more will be from a culturally and linguistically background, and that by the year 2026, this number will increase and we will see one in every four people from a CALD background.  

The Municipal Association of Victoria’s report ‘Seniors from Culturally and Linguistically Diverse Backgrounds’ (2008) consists of a demographic presentation of the 50 years plus Victorian population taken from the Victorian Census of 2006. It elaborates the need for an understanding of Victoria’s ageing population, made up of diverse communities speaking different languages, from a range of cultural backgrounds for activity, service planning, and development, delivery and evaluations state wide. 

It makes clear that there is a broad spectrum of factors that influence the ageing process for individuals such as: Cultural background, spoken language, comprehension of English, migration experiences, living arrangement, health and well-being, socio economic and family situation, and established connections with the community.  


45 The Municipal Association of Victoria 2008, Seniors from Culturally and Linguistically Diverse Backgrounds, Victoria  

46 The Municipal Association of Victoria 2008, Seniors from Culturally and Linguistically Diverse Backgrounds, Victoria
In acknowledgement of the requirements for seniors as identified by the Municipal Association of Victoria and the evidence of the 2006 census of ageing CALD population, it is my view that serious consideration should be made when planning and delivering services for elderly migrants from culturally and linguistically diverse backgrounds.

The State Government’s Victorian Triennial Plan for 2008 to 2011 outlines in its Home and Community Care program directions that the program requires to ensure consideration for consumers from diverse cultural backgrounds when planning for services. Projections of the population for the triennium 2008 to 2011 indicate an overarching increase of the Victorian population in the 55-64 age group followed by the 65 to 74 age group. It also states that within this cohort the type of consumers requiring services will be people with a disability, and the ageing population of CALD clients.

The report states that no formal information is available that can be perceived as an indicator of equity of access for CALD communities, the reason for this being that each community is so diverse and unique to their cultural background and language. Another important underlying factor is the under-representation of CALD elderly as service users, which is a noticeable common theme evolving in the literature reviewed. This knowledge is resourced from working closely with CALD communities and anecdotal information available.

The Victorian Triennial Plan for 2008 to 2011 suggests that people born overseas from non English speaking countries were less likely to access HACC services compared to those born in Australia. The report states that ‘in the age group of 70
plus for every 1000 HACC clients, 275 were born in non English speaking countries, in comparison to 344, who were born in Australia’. However as mentioned above these statistics do not include the under-represented cohort of CALD elderly including small and emerging communities.

The limited statistical evidence of CALD service users, the growing need of CALD specific services, and the requirement of substantial research to investigate the low numbers as represented in government statistics, has influenced the study of elderly Assyrian Chaldeans and Somalis. As such the report does not provide valuable statistical evidence of the two target communities, and is indicative of further research.

In an effort to analyse and plan for the future of growing numbers of CALD elderly communities in the next fifteen years, the state government of Victoria engaged two consultants, Deb Warren, and Anna Howe, to conduct a research project. It was called, ‘Cultural diversity, Ageing and HACC trends in Victoria in the next 15 years’, and was funded by the Aged Care Branch of the Department of Human Services of Victoria in 2004 to 2005.

The purpose of the project was to analyse Census and Home and Community Care (HACC) Minimum Data Set (MDS) data on changes in the size and demographics of Victoria’s population of older people from culturally and linguistically diverse (CALD) backgrounds over the next 20 years. It used the data to demonstrate the emerging

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pattern of demand for HACC services. It consulted with ethnic peak organisations to see how they intended to plan for the future, given this pattern of emerging demand.

The report claims that due to CALD population dispersion, the size of the diverse communities and their unique characteristics necessitates the importance of community care providers tailoring their services according to the needs of the local CALD elderly. The report also highlights the importance of the lack of English proficiency among elderly CALD community members, and emphasises the importance of providing community-based English language to encourage participation with the wider community. However, working knowledge of communities such as elderly Somalis and Assyrian Chaldean indicate that there is a reluctance to engage in written English, and a preference for verbal English learning. This is due to cultural backgrounds that did not place emphasis on written dialects, and their roles in society that did not involve a need to learn to read and write, as is expected in the western culture. The findings of the research indicate a concern for the increasing CALD (Culturally and Linguistically Diverse) elderly population over the next 15 years in Victoria. It identifies the need to develop strategies that ensure that ethno-specific, multi-cultural and mainstream agencies are consulted in planning and service delivery. The recommendations of the research are currently used by the Department of Human Services as a benchmark to fund services. 48

The research contains brief information of small and emerging communities, such as the Assyrian Chaldean and the Somali elderly, and as such is not specific to the research investigation.

48 Howe, A. 2006, Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years, Melbourne: Department of Human Services, Victoria
The Australian government’s National Health and Medical Research Council in 2006, published a report named, Cultural Competency in Health, as a guide for policy, partnership and participation. The report affirms that Australians are a melting pot of diverse social, political and economical backgrounds, and as such represent myriad experiences and understandings of health and illness. It states that ‘for newly arrived migrants their experiences of settlement and acculturation vary, and are often defined by external factors outside the health system, such as housing, employment, education, spirituality, and social connections which are determinants of their health and wellbeing. 49

The report determines that Australia is beginning to respond to the needs of people from diverse backgrounds, and is demonstrated by current policies both at state and national level that ensures equity and access for all people. However, unfortunately knowledge gained from both empirical and anecdotal information gathered from service providers, working closely with CALD communities debate this, and determine that the needs of culturally and linguistically diverse communities are not adequately met. The report highlights that the needs of new and emerging communities are not being addressed due to associated issues of poverty, unemployment, lack of affordable housing, lack of English language skills, social isolation and social ex The Department of Human Services, in collaboration with the Victorian Multicultural Commission, held a symposium Vic Health in Melbourne, in search of a way of addressing chronic diseases, obesity and associated risk.

49 National Health and Medical Research Council 2006, Cultural Competency in Health, p.8.
The objectives of the symposium were to investigate whether health outcomes among migrant communities were adversely affected as a result of acculturation; whether this had a detrimental effect on national and local health information requirements; public health initiatives and policy directions; to recommend suggestions for intervention studies for addressing culturally and linguistically diverse requirements.\textsuperscript{50}

The knowledge of a lack of services for CALD communities has encouraged the research of the Assyrian Chaldean and the Somali communities. Anecdotal knowledge and work experience with CALD communities such as the two target small and emerging communities, has created an awareness of barriers to access services. The primary limitations of language and a lack of knowledge of services, could pose a challenge to introducing acculturation into a multicultural ageing population.

The symposium program included presentations by acculturation experts, followed by group discussions. There were a total of 114 participants who included allied health professionals, service providers (i.e. community health centres, migrant resource centres, language service providers), government bodies (DHS, and Victorian Multicultural Commission), academics, students, private and independent practitioners as well as community members (i.e. African, and Lebanese).

The discussion periods were divided into four sessions:

1. Challenges and/or barriers in pursuing an acculturation approach to community based intervention;

2. Benefits and opportunities in pursuing an acculturation approach to community based intervention;

3. Next step to take in pursuing acculturation approach to achieving positive outcomes in community health, in particular in relation to research, policy development and interventions and service delivery over the next 6 to 12 months;

4. Next step to take in pursuing acculturation approach to achieving positive outcomes in community health, in particular in relation to research, policy development and interventions and service delivery in the longer term-over 2 years.

Recommendations:

Further investigation of data was needed and investigation of acculturation; risk factors; strengths and trends and how it impacted across cultures; and the need for funding to develop a theory-based model in public health research. In conclusion participants recommended that the Department of Human Services and the Victorian Multicultural Commission should consider holding an annual symposium and ensure government representation to address issues raised'.

One of the major concerns raised by researchers working in the health sector was that there was a need to include CALD specific intervention in order to respond appropriately to this population of the community, similar to what is required for

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elderly Somalis and Assyrian Chaldeans. It is interesting to study the strengths and weaknesses of acculturation, as it provides another perspective to culturally appropriate service requirements for the intent of my literature review.

The Federation of Ethnic Communities’ Councils of Australia’s report of 2008 to the Department of Immigration and Citizenship around access and equity issues for Australians from CALD backgrounds accessing Australian Government services, raised similar issues as the Department of Human Services Symposium on Acculturation in the Health Sector.

An important advocacy body that plays a critical role in policy changes representing the needs of the Australian CALD population is the Federation of Ethnic Communities’ Councils of Australia. In 2008 it produced a report for the Department of Immigration and Citizenship (DIAC) around access and equity issues for Australians from cultural and linguistically diverse backgrounds accessing Australian Government services. This report is produced annually for DIAC, and reports on access and equity issues for CALD Communities in Australia. FECCA is a recognised peak body of CALD and multicultural communities in Australia, and plays an advocacy role to ensure equity and access for marginalised Australians from a CALD background. FECCA’s annual access and equity report advises government’s policy planning and provides for CALD service development.

It also plays a vital role in monitoring that federal government programs adhere to the Department of Immigration and Citizenship’s Charter of Public Service in a Culturally Diverse Society which is underpinned by the principle that: government

52 FECCA, 2008,  Access and Equity Report
services should be available to everyone who is entitled to them and should be free from any form of discrimination irrespective of a person’s country of birth language, culture, race or religion.\textsuperscript{53}

FECCA’s 2006-2008 Access and Equity report is a result of consultation with stakeholders over a period of two years, in keeping with DIAC’s 2008 period of reporting. The report focuses on CALD older people, humanitarian entrants, CALD women, and CALD younger people. It provides a framework of equality and hope for CALD elderly small and emerging communities like the Assyrian Chaldeans and Somalis to ensure culturally appropriate aged care services.

The report acknowledges the role of federal government agencies, and programs that respond to the needs of CALD communities, such as Commonwealth Department of Health and Ageing funded aged care services, Centrelink, Commonwealth funded English language training services, and Commonwealth funded youth services. FECCA continues to promote the importance of accessible and equitable services for CALD communities, and ensures agencies comply with DIAC’s Charter of Public Service in a Culturally Diverse Society.

The main trends that evolved from the consultation were a need to recognise the settlement barriers for newly arrived refugees, and to create programs and policies that take into consideration their unique needs, so that access to services is not challenging for newly arrived migrants. The consultation highlighted the recognition that older refugees often revert to their language of origin, and experience extreme isolation through their older years. It is crucial that they have the option of accessing

\textsuperscript{53} FECCA, 2008, Access and Equity Report, p.5
CALD appropriate aged care services. This information is important for the purpose of the research to be undertaken to investigate barriers of accessing services for elderly Somalis and Assyrian Chaldean. It highlights the need for CALD specific service response, and acknowledges the need to support programs and policies, and ensure consideration of language and cultural diversity.

Fecca’s key recommendations focused on three areas:

Strengthening the access and equity framework; improving data; and strengthening the use of interpreting services.

Agencies that are funded by the Commonwealth Government were required to ensure that the access and equity strategies were demonstrated in organisational strategic directions and underpinned their program and service design, planning, communication, delivery and contracting of services and improving data; a more evidential method of data collection was introduced to replace the current system of reporting which would provide a more authentic picture of CALD service utilisation.54

The Department of Health and Ageing was encouraged to develop a comprehensive strategic plan to ensure culturally appropriate service delivery was engaged across all aged care services; GPs should ensure that they are better informed to provide aged care service to CALD elderly; funded agencies to demonstrate cultural appropriateness in their workforce planning; ethno-specific agencies identified as high needs to be provided with Community Aged Care Packages; and the need to monitor culturally appropriate HACC assessments. The aged care recommendations

54 FECCA, 2008, Access and Equity Report, p.5
as suggested by FECCA (2008) if implemented by aged care service providers i.e. mainstream and multicultural, would increase access and strengthen the capacity of small and emerging elderly communities such as the Assyrian Chaldeans and the Somalis. However, knowledge of a sector that is resistant to respond to the needs of a growing CALD population highlights the need to ensure that these recommendations are adopted, especially by local councils who remain anglo-centric in their approach to service delivery. 55

FECCA (2010) acknowledges the need to adequately support the needs of newly arrived communities and reaffirms that all Australians have equal rights irrespective of their ethnicity, language, culture, gender, religious beliefs, disability, or their population size. It reiterates that it is important for service providers to recognise the unique needs of these communities as they are newly arrived, and often small in numbers, with no networks, and in most cases have fled from their countries of origin due to wars. They have suffered trauma, hardships and are displaced. Under the 1951 Refugee Convention Australia is committed to provide them shelter, support and assistance through an accessible and equitable framework of service provision.

It also identifies that Migrant Resource Centres must be adequately funded to support these newly arrived communities. The centres are often the first port of call for these newly arrived migrants.

FECCA’s recommendation for the formulation of a responsible and effective new and emerging community’s policy include:

To recognise the valuable contribution of all migrants including newly arrived communities by fostering initiatives that create a profile for these newly arrived migrants; to explore ways of introducing these newly arrived members to the larger community; to create policies and programs that respond to the unique needs of these communities; to encourage these newly arrived communities to strengthen their community capacity to meet their own service requirements; to ensure that settlement services are tailor made to meet the needs of these newly arrived Australians; to advocate to the government that citizenship practices are inclusive and not discriminatory to their lack of English language competency.  

The commitment by FECCA as demonstrated in its annual feedback mechanism of the Access and Equity report, is further strengthened by work undertaken by the not-for-profit organisation, Victorian Foundation for Survivors of Torture.  

In 2003 a strategy was developed collaboratively by the Department of Human Services and the Victorian Foundation for Survivors of Torture with the purpose of guidance for the provision of health services for asylum seekers and refugees.  

A report was prepared by VFST entitled, ‘Towards a health strategy for refugees and asylum seekers in Victoria’.  

The research was conducted in conjunction with members of the ‘Refugee Health Initiatives Project’ and funded by the Department of Human Services. The project

56 FECCA New and Emerging Communities Policy 2010, Supporting New and Emerging Communities to Participate in and Contribute to Australian Society  p.1-10.  
57 Department of Immigration Multicultural Towards a health strategy for refugees and asylum seekers in Victoria 2004
working group consisted of agencies who worked with people from refugee backgrounds.

The report documented health concerns of refugees and identified strategies to address them. This formed the underpinning framework of the Victorian Refugee Health Strategy.\(^58\)

The strategies proposed within this framework targeted programs and services funded by the Department of Human Services with a primary focus on health care, and with the view of bringing health care closer to where people live and work.

The report indicated that social and economic factors play an important part in the well being of refugees along with their requirement of access to mental and physical well being services.

It also stated that the need to secure employment is critical, and contributes largely to the quality of health and wellbeing of refugee communities. This is acknowledged by the World Health Organisation as ‘a state of complete physical, mental and social wellbeing and not just the absence of disease or infirmity’. \(^59\)

The report also throws light on a very important issue that confronts most refugees; the separation from family members. Often it is observed by practitioners working with asylum seekers that dealing with the psychological aspects of refugees’ health problems through counselling does not stop the individual's fears, when there is a

\(^{58}\) Department of Immigration Multicultural Towards a health strategy for refugees and asylum seekers in Victoria 2004

\(^{59}\) WHO 1948, Wilkinson & Marmot 2003, Vic Health 1999
overwhelming concern for their family overseas. Previous work experience with the Assyrian Chaldeans and the Somalis has made me aware that due to loss, trauma and separation from families living overseas, this has led to depression and mental health issues for many elderly members of the two communities.

**Service Preference**

The report stated that the health service sector can play a significant role in promoting health and wellbeing for refugees by: ‘linking refugees to employment, education and housing; assisting in the capacity development of settled and newly arrived refugees; and providing venues for social connection; and fostering recreational activities and support groups for newly arrived and settled refugee communities’.

The research conducted by ECCV confirms that elderly migrants live at home as long as possible. It states that in order to maximise their quality of life while they age they would like to retain their independence, capacity of decision making, awareness of their rights, and appropriate information regarding culturally appropriate care. ECCV states in the report that it is beneficial for elderly migrants to access the expertise and resources of ethnic and multicultural service providers, and to assist these elderly citizens with independent living, active ageing, culturally appropriate care.

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services, providing a bilingual workforce, and fostering social connections for care recipients, carers and communities.\textsuperscript{61}

It recommends a shift in thinking on an organisational level by professionals, policy makers, and aged care workers to recognise the value of diverse cultures. On an individual level it ensures a respectful and culturally appropriate aged care system that responds to the ageing needs of a growing CALD population.

Key priorities identified: A National Cultural Diversity in Ageing Strategy; A Partnership in Diversity model; Capacity building in ethnic communities; Culturally responsive in home services; Culturally support models in residential aged care; Culturally and spiritually responsive end of life services.\textsuperscript{62} This is vital information that would assist in the research to be undertaken, and will create a better understanding of the barriers in accessing health and wellbeing services for elderly Assyrian Chaldeans and Somalis.

Key Recommendations:

The government should establish a National Cultural Diversity in Ageing Strategy;
That both government and organisations work collaboratively to foster a partnership approach in a model of care for elderly Australians; that increased funding increases the social capital and volunteering capacity within ethnic communities; that information regarding, culturally appropriate aged care, health, education, and programs regarding rights awareness are provided to aged

\textsuperscript{61} Ethnic Communities Council of Victoria’s submission to the Productivity Commission Inquiry: Caring for Older Australians 2010, Victoria

\textsuperscript{62} Ethnic Council of Victoria’s submission to the Productivity Commission Inquiry: Caring for Older Australians July 2010, Victoria
recipients in a culturally and linguistically appropriate way; that the government improves its response to cultural appropriate and integrated pathway of aged care services; that the government allocates sufficient funding towards interpreter service in residential and community aged settings; and that culturally diverse active ageing is well informed by evidence-based research and good policy.  

The challenge of finding suitable literature for the purpose of researching the two elderly small and emerging communities, the Assyrian Chaldeans and the Somalis is echoed by the Ethnic Communities Council of Victoria’s highlighting a scarcity of substantial literature concerning the delivery of community aged care services to people from CALD communities.

Ethnic Council of Victoria (ECCV) in collaboration with the Healthy Ageing Research Unit at Monash University launched the project entitled Mainstream versus ethno-specific services: It’s not an either or. The purpose of the project was to review available literature concerning delivery of aged care services to CALD communities. ECCV in collaboration with the Health and Ageing Research Unit at Monash University endorsed the need for a review in line with their organisational strategic directions of mapping future directions in aged care service delivery. The Ethnic Communities Council of Victoria acknowledged that whilst there was a wealth of anecdotal information available locally, there was a need to review and consolidate any academic literature published nationally and internationally. This scarcity of

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63 Ethnic Communities Council of Victoria’s submission to the Productivity Commission Inquiry: Caring for Older Australians July 2010, Victoria

64 H, Radermacher, 2008,Mainstream versus ethno-specific services: It’s not an either or, Review of Literature concerning the delivery of Community Aged Care Services to Ethnic Groups, Ethnic Communities’ Council of Victoria and partners, p.4-5, Victoria
academic literature, both nationally and internationally has been the primary reason for the proposed research study of the two elderly communities. The inability to utilise anecdotal information and reports generated by Migrant Resource Centres, and ethnic communities as research resource makes it more challenging for researchers seeking in-depth information of their research.

The project methodology included the establishment of an advisory group to identify contents of the literature review, setting up a systematic search consulting with key informants to ensure there were no gaps in the literature review, the advisory group had to review the draft report, and the development of key findings and recommendations were to be presented in a final report. The review had a special focus in the following areas: Needs and experiences of older CALD people, Models of service delivery and partnerships, Policy a whole-of-government approach, and quality research and dissemination.

The review identified that due to diversity in immigration experiences, period of time in Australia, competency in English, associated with other factors such as age, gender, religion, income, socio-economic status, location, the experiences and needs of elderly migrants from CALD backgrounds were unique to their own individual settlement journeys. A key factor that was highlighted in the findings was that elderly migrants who are born overseas, are disadvantaged due to their lack of English language proficiency, and often experience barriers in accessing information, and aged care services. All of this information is available to workers who have established trust with elderly members of the community, and has influenced my interest in researching the two elderly target communities.
The review raised concerns as to the models of service delivery and partnership approach currently in place such as, a single model approach that is inappropriate to the needs of migrant communities who are already challenged by a lack of knowledge of services and the dominant discourse. This is one of the fundamental reasons why small and emerging community members like the Assyrian Chaldean, and the Somalis are underrepresented as service users as mentioned previously.

The challenge for CALD elderly in navigating multiple service systems are due to: ‘Mainstream services being unable to respond adequately to the demand of CALD appropriate service requirements; acknowledgment of the need for ethno-specific services is crucial on one hand, but not enough to meet the service needs of diverse small and emerging communities; the need for a collaborative working partnership approach that includes mainstream, ethno-specific and multicultural agencies is required to deliver effective aged care services; and the Australian Government needs to engage a whole-of-government approach to include CALD service requirements in their policies and practices in the provision of aged care service delivery.’ 65

The review acknowledged that there was insufficient funding and inadequate allocation of financial resources available to aged care services, which is detrimental to the efficiency of aged care service provision. The review endorsed that there was a lack of evidence-based research and publication amongst CALD specific aged care service providers, and that even though very relevant it was empirical research, and

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65 H, Radermacher, 2008, Mainstream versus ethno-specific services: It’s not an either or, Review of Literature concerning the delivery of Community Aged Care Services to Ethnic Groups, Ethnic Communities’ Council of Victoria and partners, p.4-5, Victoria
posed a challenge for the scope of literature review requirements.\textsuperscript{66} The lack of acknowledgement of ‘grey literature’ or empirical research is unfortunate as often anecdotal information gained from working closely with community members, can be perceived as valuable insight into culturally appropriate service planning for CALD elderly communities.

The ECCV report findings affirms the scarcity of literature available, and the lack of evidence based research, and suggests quality research as one of it recommendations in order to increase sector knowledge regarding the needs and gaps of elderly CALD communities.

The research report named, ‘Profile of Victorian Seniors from Refugee Backgrounds-Health and wellbeing needs and access to aged care health and support services’ focused on small and emerging communities who had recently arrived in Australia, and were vulnerable due to their lack of knowledge of services, and limited information available on these communities. It critiqued their access to mainstream health and support services, with a view to improving their quality of life through the recommendations of the study.

Findings of the research identified newly arrived communities as being underrepresented as health and welfare service users, and challenged by barriers when navigating the service system. It is worth noting that the report did not include any specific information on the Assyrian Chaldean and Somali elderly communities and their low representation as service users.

\textsuperscript{66} H, Radermacher, 2008, Mainstream versus ethno-specific services: It’s not an either or, Review of Literature concerning the delivery of Community Aged Care Services to Ethnic Groups, Ethnic Communities’ Council of Victoria and partners, p.4-5, Victoria
New and Emerging Refugee Communities

In order to investigate the Commonwealth government’s understanding of small and emerging communities in Australia, a search for documents and reports of the Department of Immigration and Citizenship (DIAC) website was conducted. A report selected to review was the Department of Immigration and Citizenship’s Settlement Trends and Needs of New Arrivals (2007, p.1-2). It stated that the Commonwealth Department of Immigration and Citizenship (DIAC) deems the characteristics of small and emerging communities in Australia as small in numbers and representing in Australia a total population of 15,000, of whom 30 per cent have arrived in the past five years.  

It refers to the report ‘New Country, New Stories’, of the Human Rights and Equal Opportunity Commission (1999), and identifies significant risk to the human rights of new and emerging communities, with a population of 20,000, and who have lived in Australia for less than 10 years.

Issues highlighted by DIAC, concerning new and emerging communities are: a lack of established infrastructure, and challenges of settlement due to the non existence of established networks; and limitations in understanding the English language written and verbal.

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The DIAC fact sheet 7(2007, p.1-2), states that new and emerging communities are suspicious of new encounters with unfamiliar people or who have not been introduced by a trusted source. This is due to past experiences of oppression under dictatorial governments, and recent atrocities of war experienced by them. In conclusion even as the report provided a brief statistical overview of small and emerging communities, it lacked detailed information of elderly Somalis and Assyrian Chaldeans.

A study was conducted by the Queensland Department of the Premier and Cabinet Multicultural Affairs in 2007, but with a special focus on new and emerging communities. The purpose of the report was to acquire a better understanding of what defined new and emerging communities, and a working knowledge of new and emerging communities in Queensland with the aim of informing policy and planning priorities across the state.

The report was a result of the government's growing awareness of new and emerging groups in Queensland, and the unique settlement issues that confronted them. It stated that even though ‘new and emerging’ groups were deemed as priority for government funding there was no real understanding as to the definition of ‘new and emerging communities’ within the government framework.

This lack of knowledge of new and emerging communities, and others who fall under this umbrella, is not unique to Queensland, but is relevant to Victoria. As already observed from the literature reviews undertaken there is a common intrinsic theme

69 Department of the Premier and Cabinet Multicultural Affairs Queensland, 2007, New and Emerging Communities in Queensland, Queensland
that runs through all of the literature reviewed, identifying a lack of in-depth knowledge among service providers of small and emerging communities.

The purpose of the report was to develop an understanding of small and emerging communities through available data that identified where new and emerging communities were located demographically. It recommended that a needs analysis was required for new and emerging communities, based on the recommendation of the literature review, which would inform the future direction of policy planning and priority setting for new and emerging communities.

This would be used as a resource for government, and community workers, working with new and emerging communities so as to provide culturally appropriate services. The report affirmed that new and emerging communities are consistently identified by governments and community groups alike as requiring targeted specialised services and supports. Reasons for this included: not having earlier generations of settlers or an Australian-born second generation; due to limited access to their own communities they lack in organised advocacy, and social networks, barriers accessing government services, and as a result requiring assistance.70

The report identified that emerging groups were from non-English speaking backgrounds and were from countries like Somalia, Sudan, Eritrea, Middle East, including Iran and Iraq and had recently arrived as humanitarian entrants. The initial needs included torture and trauma counselling, educational needs, and social living skills.

70 Department of the Premier and Cabinet Multicultural Affairs Queensland, 2007, *New and Emerging Communities in Queensland*, Queensland
One of the limitations of this study was that it did not extend to include diversity within communities. As such, one of the recommendations of this report was that government should establish an umbrella group to understand cultural sensitivity and complexities within communities (i.e. Somali community is made up of diverse clans).

The report concluded by stating that, ‘Multicultural Affairs Queensland would monitor service providers data collection of small and emerging communities, and would embed this in the multicultural policy of Queensland. MAQ will also take responsibility of disseminating information regarding new and emerging communities, so as to increase knowledge of these communities in the sector’. 71

The report provided some vital information regarding small and emerging communities, but it lacked an elderly perspective, and did not demonstrate knowledge of the Assyrian Chaldean elderly community.

A research project was undertaken by Meagan Grundy in 2005, a student from the University of Western Sydney, for Fairfield City Council's Community Development and Support Branch. 72

The aim of the project was to identify what the first point of contact was for small and emerging communities seeking assistance. It also looked at the effectiveness of services, and the barriers to appropriate service delivery, and how service providers deliver their programs, and how services might better assist small and emerging communities.

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71 Department of the Premier and Cabinet Multicultural Affairs Queensland, 2007, New and Emerging Communities in Queensland, Queensland
communities in the Fairfield LGA. The project focused specifically on African communities due to time constraints.

The research project included a literature review, and a survey containing twenty open-ended questions, however, it raises concern of whether the findings were unbiased, and were not influenced by the researcher. Reasons for this include anecdotal knowledge of, and work experience which has created awareness amongst service providers of reluctance to divulge information in public, and trust issues amongst many African communities who have been victims of trauma, torture and corrupt government authorities. The research findings highlighted the scarcity of research, and the need for further work to be undertaken on small and emerging communities. It included recommendations of strategies to improve access to services for small and emerging communities by the Fairfield City Council

Recommendations were:

1. To review the Fairfield Emerging Communities Action Plan model to ensure better council services and practices when working with small and emerging communities.

2. To work collaboratively with emerging community groups to commence social support activities which is extremely important as it creates opportunities for participants to share information and gain knowledge of aged carer services. This can only be achieved if councils engage with local service providers to support these groups and suitable meeting places.
3. That the council seeks additional funding from government to appropriately service Fairfield’s diverse communities through recruitment of bilingual workers and engagement of interpreters.

4. To provide appropriate support to small and emerging communities through offering free training to community members to enable them to work as interpreters.

5. Fairfield LGA needs to review their advertising processes and include culturally appropriate strategies such as advertising in ethnic newspapers, radio and community gatherings.

6. The issues of transport and childcare could be addressed through engaging in partnerships with community transport schemes, and providing child care options on site.

7. The Council requires to provide written information in translated documentation as per language groups represented in the Fairfield council local government area.\textsuperscript{73}

The report showcases Fairfield Council as a good practice local government authority interested in investigating the needs of its minority constituents such as small and emerging communities and their settlement barriers. However the findings and recommendations of the study did not provide any detailed information regarding the communities researched, and did not focus on the health and welfare needs of elderly migrants.

\textsuperscript{73} Grundy, M. 2005. ‘Fairfield Small and Emerging Communities Action Plan’, NSW
For many elderly migrants like the Assyrian Chaldean and Somali communities classified as small and emerging communities, socially networking through government subsidized programs such as Home and Community Care (HACC) Social Support programs, is critical to community capacity building, and access to information. As such a study on small and emerging communities was conducted in Victoria by Whittlesea Council in 2008 entitled - Rebuilding Social Support Networks in Small and Emerging Refugee Communities 2008.\textsuperscript{74}

Whittlesea Community Connections research report studied the importance of social networks, and identified it as a critical coping and survival mechanism for new and emerging communities. It reported that the complexities of settling in a new country are fraught with many challenges such as, ‘a loss of community membership, dispersed settlement, lack of resources including language, and finance, and unfamiliarity of the formal processes of an affluent society’. The Whittlesea council’s report of 2008 indicated that small and emerging community members, due to language barriers, were often deprived of speaking to neighbours, and they looked forward to the group sessions where they could talk to others from their community. It stated that social support programs provided information to elderly participants regarding healthy eating, exercising, and ageing associated illnesses such as, diabetes, deteriorating hearing, and Alzheimer’s disease. However, the study highlighted the important fact that new and emerging communities are very resilient, and that in spite of all these challenges they re-establish community support structures demonstrating their inherent strength and capacity.

\textsuperscript{74} Whittlesea Community Connections, Whittlesea Council, 2008, \textit{Rebuilding Social Support Networks in Small and Emerging Refugee Communities}, Victoria
The project was limited due to the reason that it lacked in-depth information of elderly communities, and what was important to their ageing health and wellbeing needs. Focus groups only included the African and Iraqi community living in the City of Whittlesea, Darebin, Maribyrnong and Dandenong. As indicated in my background chapter there are similarities in refugee and settlement experiences in small and emerging communities, however working knowledge, and anecdotal information, in the sector indicate that there are some significant cultural and linguistic differences amongst them. As such the project was limited, and did not address the cultural diversity of social support participants from the local government areas identified above. The project however highlighted the importance of mainstream services increasing their knowledge of the history, and background, of small and emerging communities to develop culturally appropriate service planning.

The research concluded that older members of the community were strongly focused on the maintenance of culture and ethnicity, and perceived their role in society as mentors to the younger generation. It highlighted the importance of community support networks for newly arrived migrants, separated from their family living overseas in their country of origin or in refugee camps.

On completion of this research study, strategies were recommended by participants to overcome their barriers with the aim of enhancing community capacity and establishing community partnerships. They were: to provide opportunities for new and emerging communities to take part in the community; to assist small and emerging communities with community development and settlement needs; increase their knowledge of mainstream organisations and communities and enhance their
understanding of the processes and supports refugee communities put in place; to assist the settlement of these communities by investigating discrimination and racism towards refugee communities by increasing access to mainstream participation on social, economic, civic and political levels.\footnote{Whittlesea Community Connections, Whittlesea Council, 2008, \textit{Rebuilding Social Support Networks in Small and Emerging Refugee Communities}, p. 53, Victoria}

The project recommendations included culturally appropriate service response as a critical requirement for supporting small and emerging communities, however it did not provide a clear understanding whether it was unique to each community, or could be a ‘one size fits all’ model of service that was required. As such, whilst the literature review provided valuable insight into the role of HACC Social Support programs in building the capacity of communities, it did not provide sufficient information regarding the barriers of elderly migrants from small and emerging communities like the Assyrian Chaldean and the Somalis, and their challenges in

The continuing search for academic literature that investigated barriers for accessing mainstream health and welfare services for small and emerging communities, such as elderly Assyrian Chaldean and Somalis, led to reviewing the Blacktown Emerging Communities Action Plan (2009). Due to the lack of services for new and emerging communities in Blacktown, the research study was carried out to understand the needs of small and emerging communities.

One noticeable trend in the limitations of this literature review was the lack of information regarding the needs and barriers of elderly, small and emerging communities such as the Assyrian Chaldean and the Somali. The issues identified and the recommendations to provide support to emerging communities in the local
government area of Blacktown are not dissimilar to those identified by previous research undertaken by Whittlesea Community Connections, for Whittlesea Council in 2008.

Due to the lack of appropriate services for new and emerging communities the Blacktown local council in (2004) in collaboration with the local African communities, NSW Police, Health Services, Department of Community Services, Department of Premier and Cabinet and Blacktown Migrant Resource Centre, established the Blacktown Emerging Communities Action Plan (BECAP).76

The objective of the Blacktown City Council (2004) action plan was:

‘to identify and demonstrate support to existing emerging communities strategies across Blacktown LGA; identify key agencies to ensure that its actions are co-ordinated and supported across three levels of government; provide resources to ensure completion of action plan; and develop awareness raising and promotional resources for local media’77.

The work undertaken by the Blacktown City Council raised awareness in the community of local African communities. However, for the purpose of the research study of the Assyrian Chaldean and the Somali it did not emulate any further evidential knowledge, regarding the health and well being barriers for marginalised small and emerging communities, like the elderly Assyrian Chaldeans and Somalis.

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The affirmation of a lack of local government research undertaken focusing on elderly Assyrian Chaldeans and Somalis and their barriers of accessing health and well being services, led to the next stage of a systematic search for academic studies conducted on the elderly Somalis. This resulted in the knowledge that minimal research has been conducted on Somali elderly, and the availability of only a modest number of reports on the background of Somali history, and the community. There is however a significant amount of empirical and anecdotal research carried out by service providers both from mainstream and multicultural organisation on Somalis and their barriers in accessing services.

In order to gain a better understanding of the health and welfare needs of underrepresented communities Spectrum Migrant Resource Centre, in the north-western suburbs of Melbourne, launched the Underrepresented Communities, brief profiles on diverse elderly communities; including the Chinese, Turkish, Indian, Somali, Assyrian Chaldean and Sri Lankan.78

Profiles were developed on these communities and information was gathered and collated over a period of three years through focus groups, interviews with leaders of the communities, health practitioners, community support workers and staff of Spectrum Migrant Resource Centre.

The key findings identified that the planning and delivery of services for older Somalis and Assyrian Chaldeans had some significant risk factors regarding their health and wellbeing as they age. The risk factors were: ‘there are more older people than formally reported; significant social isolation and disconnection; capacity of

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families to provide adequate care is compromised; early ageing and emerging chronic health issues; existing service responses for older people are unfamiliar and not appropriate’.

Tinney (2006, p.2) stated in her report that many newly arrived elderly migrants who arrived as refugees faced many challenges and barriers such as: ‘housing, lack of competency in speaking English, lack of understanding of Centrelink payments, and how to access health and well being services’.

Her recommendations as per information gathered from focus groups were:

‘The elderly focus groups participants from both communities requested for additional ethno-specific group-based activities such as Respite Day Centre, Social support group activities, Senior’s Citizens Clubs; recruitment of bilingual workers; and an increase of culturally and linguistically diverse specialised case management and intensive support packages was required’.79

The findings of the study conducted by Tinney (2006) and information documented in the brief profiles of the Assyrian Chaldeans and Somalis, even though limited, it provides valuable knowledge of the background and needs of the two elderly communities.

It is evident from the reports and studies reviewed that there is evidence of commonalities observed in refugee and settlement experiences amongst small and

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emerging communities. However the report titled ‘Profile of Victorian Seniors from Refugee Backgrounds- Health and wellbeing needs and access to aged care health and support services’ provides a different perspective on the topic of small and emerging communities and their barriers in accessing mainstream health and welfare services.

The research study recommendations include:

‘Acknowledging and recognising that refugee elderly require aged care services on arrival even if they do not meet the current Home and Community Care age criteria (65+ or below); improving access to information regarding aged care services for refugee elderly; strengthening the links between refugee settlement services to ensure older refugees have better access and knowledge of these services; assuring elderly refugees that aged care services would be complementing family care and not replacing one with the other; increasing the knowledge of aged care workers to respond appropriately to refugee seniors’ needs; improving current data regarding the demographic settlement of refugees so as to better inform government funding allocations; increase bilingual workers by providing more opportunities for refugee communities for education and training in aged care work; and ensuring older refugees have increased opportunities for English language tuition for those keen to do so’.

80 Elderly Somalis

In the mid to late 1980s due to the political situations in Somalia, Australia received an influx of Somali refugees, seeking a new life. Migrant Resource Centres across

80 Atwell, Correa-Velez and Gifford,(2005). ‘Profile of Victorian Seniors from Refugee Backgrounds- Health and wellbeing needs and access to aged care health and support services’. p.12, Victoria
the spectrum of the country offer a pathway of opportunities and support to newly arrived migrants, due to their capacity to deliver multicultural services with bilingual staff, to match clients cultural and language needs. The MRC North Western in an initiative to build the capacity of mainstream services, and settlement services, to increase their knowledge and skills of services to the Somalia community, created a Somali Community Education package.

It is suggested by Mohamud (1998) that this unique system of administration in Somalia was the reason for continuous conflict between different ethnic communities, and ongoing rivalry between the different clans as mentioned above. Unfortunately due to feuding clans, and disharmony amongst the different ethnic communities and no single strong united control, hampered the progression of Somalia as a country, and the weakness from within left Somalia vulnerable to external invasions by the French, Italian, and the British. Consequently Somalis now live in four different countries in East Africa: Somalia, Ethiopia, Djibouti, and Kenya.

Mohamud (1998), affirms that a fundamental value shared by all Somalis is that traditionally social support and social control rests with the elders of their society. In Somali society elders are men and women who have reached the age of 50 years of age and are respected for their experience and wisdom collected over the years. Their roles include being mediators, counsellors, problem solvers and judges, and they play a vital role in marital conflict, domestic violence, intergenerational conflict between parents and children, divorce, separation, and custody of children, mental illness, family crisis, tribal war and settling of disputes associated with land and livestock.
Mohumad (1998, p.41) claims that traditionally in Somalia the nuclear family is ‘a central social and economical unit’ made up of the immediate and extended family members who live together, and share and contribute towards the wellbeing of the family. Unfortunately many Somalis struggle with the fact that in Australia housing stock does not accommodate this cultural requirement, which has led to fragmentation of the family structure with ultimately many elderly migrants feeling lonely and isolated.

Mohamud (1998) states elders’ also play significant roles’ in policing the maintenance of customs, cultural and religious practices, and often perform the role of match makers. However as a result of recent wars and resettlement of families seeking asylum in different countries of the world, or loss due to death associated with wars, these traditional systems of support have broken down, and extended families have suffered. Elders have lost their role in Somali society. This is due to a lack of knowledge of their new home country and the barrier of speaking in English. Roles have reversed and they have become dependent on their children, and grandchildren for their needs. The role of ‘women’ in Somali society has also changed significantly as many families were separated in refugee camps, and a relatively high proportion of women with their children, whose husbands and other male relatives have died or missing as a result of the war have had to take on the role of decision makers in the family.81

Many Somali elderly have identified social isolation as one of their primary issues. In their country of origin the family comprised extended family, neighbours, and friends, and as such an elderly person was the responsibility of the community. The knowledge gained by the review of the ‘brief Account of Somalis and Somalia’ as presented by Dr Abdirahaman Mohamud is critical information for the study to be conducted of elderly Somalis. The detailed knowledge gained regarding Somali history, culture and geography provides in-depth understanding when investigation the health and wellbeing needs of elderly Somalis.

There is also a deep sense of grief for members of the family who were lost or killed through the years of political unrest in Somalia. Lack of networks especially for the elderly Somali and their inability to catch public transport due to lack of the knowledge of the dominant discourse, and no ‘women only’ public transport gives rise to barriers to access the community and mainstream services. Due to a lack of physical activities, introduction of different diets, mental unhappiness, a lack of nutritional balance, has all led to identified ill health amongst Somali elderly, in particular high presence of diabetes is reported.  

Another brief study was conducted by the North Yarra Health Centre in collaboration with the Department of Human Services in response to the large number of Africans who were newly arrived and settling in North Yarra and Melbourne in 1998 amongst the African communities.

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The Somali community made up a large proportion of the African communities settled in North Yarra and Melbourne, however the brief study investigated the needs of the Somali community as a whole, and did not focus specifically on elderly.

The findings of the study indicated that the issues and challenges faced by the African communities in accessing health services seem to restrict their representation as users of the service system. As such a strategy to explore this, led to a six month project by the North Yarra Community Health Centre in collaboration with Department of Human Services. A study was initiated on African communities, and a needs assessment conducted of African communities living in LGA of Yarra and parts of the City of Melbourne. Even though the report is old compared to more recent research work carried out, the study was carried out during the time when a large numbers of Somali refugees arrived in Australia.

The project methodology included creating profiles of the African communities, and engaged two community facilitators to identify the health needs, and to increase the knowledge of the African community regarding existing health services. The methodology of the study included interviews and focus groups with community members and service providers. The scope of the study covered a range of health and social issues such as: women’s health, maternal and child health, antenatal and postnatal care, aged care, youth unemployment, and housing and settlement. At the end of the six weeks a report was compiled that identified the barriers in accessing services and provided a better understanding of the challenges faced by African communities in the City of Yarra and City of Melbourne. However the report
indicated a significant gap in information regarding the settlement and ageing experiences of the elderly African population in Yarra.

Issues identified by community members were:

Lack of access to information regarding services; psychiatric problems due to experiences of trauma, torture and separation from family members due to their refugee experiences; antenatal and postnatal care especially associated with female genital mutilation (FGM); family problems including domestic violence; isolation due to separation from extended family in Australia and overseas; lack of knowledge limiting access to hospital services; inadequate housing; and issues of unemployment due to associated barriers of language.84

The report provided vital information regarding the settlement of Somalis who arrived earlier, and created a better understanding of Somali settlement in the local government areas of North Yarra. However, as mentioned previously it lacked sufficient information regarding barriers in accessing health and wellbeing services for Somali elderly.

In order to investigate what lay behind a large numbers of Somali women arriving as refugees seeking asylum, and settlement in Australia, and a search of United Nations Organisational resources, led to reviewing the following report – ‘United Nations Development Fund for Women, 2004, Gender Profile of the Conflict in Somalia’.

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The report highlights the traumatic experiences of Somali women during the period of civil war and political mayhem. The report states that in June 2003 the Secretary-General reported that the situation in Somalia was critical and an assessment of the condition of Somali women revealed that women were disadvantaged by all three systems of recognised penal authority, civil, customary, and Shariah. All three laws did not sufficiently protect their rights, and most importantly the safety of Somali women, and they were left vulnerable and not adequately protected. It was also highlighted that the justice system had very minimal representation of women in that service, and recommended that women needed to be recruited as a priority to ensure their rights and fairness of the judicial system.

It reported that ‘women were increasingly being targeted during clan attacks, and as a result reports of women being murdered and raped increased. In addition Somali women continued to struggle with chronic insufficiency of food, insecurity, poverty, disease, drought and critically limited education and employment opportunities. This had a detrimental effect on Somali female heads of households, who had either lost their husbands due to the political situation, or had been abandoned or divorced under the Shariah law. This made women more vulnerable and victims of poverty and insecurity.  

The project: From Somalia to Banyule/Darebin, was financially funded and supported by Banyule Health in collaboration with other local health and aged care service providers.

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What makes this study unique was that it was led by the Somali community, and included the community’s experience and authentic views regarding their settlement in Australia.

There is a large representation of Somalis living in the northern region of Melbourne and across the local government areas of Banyule and Darebin. A common issue identified through the literature review of the project was a lack of information regarding the demographics and the needs of the Somali community. The project reviewed empirical research reports, and anecdotal information from service providers and community members, which assisted in identifying the gaps and challenges for the Somali community when accessing health services. At the suggestion of the leaders of the Somali community, a need was identified to encourage the Somali community to take a lead role in carrying out the project, and it was coordinated by Dr Said Aden who executed the research project. 86

The aim of the project was to identify the needs of the Somali community so as to improve services for the community, and to provide appropriate and good quality health services.

The project methodology included a survey of 382 households, over a period of six weeks, and what was different was that young Somalis were trained and recruited to carry out this work. The survey data was entered into an Access database and analysed. This was followed by two focus groups that further teased out issues, and explored strategies to improve the sector response to the community’s barriers in

86 Aden, Said. 2001, From Somalia to Banyule/Darebin, Banyule Community Health Service, p.8 – 9, Victoria.
accessing services. The main focus of the discussion was on housing, health and access to Services.

Issues for older Somali included:

A lack of CALD specific services in view of the large number of older Somalis living across Darebin and Banyule; social isolation; increasing ill health for older Somalis due to the change of diet, lack of nutritional balance and their sedentary life style; low uptake of aged care services due to a lack of knowledge of services; loss of community networks as a result of migration; the challenges of cross cultural barriers, whether this was intergenerational or clan based; dispersion across the local government areas in Melbourne due to Office of Housing allocations; and financial difficulties preventing participation in recreation activities for elderly members of the community.87

Recommendation of strategies to improve services for elderly Somalis were:

A need to recruit train and employ members of the Somali community as caregivers; to provide education and training programs for existing community and aged care staff so as to increase their knowledge of the Somali community: explore alternative means of home care that are culturally appropriate to the Somali community.88

87 Aden, Said. 2001, From Somalia to Banyule/Darebin, Banyule Community Health Service, p.8 – 9, Victoria.

The issues and recommendations highlighted by the project can be viewed as valuable information for the purpose of the research investigation of the Somalis. Similar themes and trends can be perceived in the findings of the project, and can be linked to the Assyrian Chaldean elderly and their barriers in accessing mainstream health and wellbeing services.

**Elderly Assyrian Chaldeans**

In 2005 University of Western Sydney's Centre for Cultural Research launched a twelve month project that surveyed the Assyrian community living in Fairfield.

The aim of the project was through its findings to assist the Assyrian community living in Fairfield to build community capacity through development of their skills and knowledge, and inform service providers and funding bodies of the community’s true profile through the publishing of the academic research study.

The findings and recommendations of the project are a true affirmation of issues associated with new and emerging small refugee communities, and their access to services as identified in previous research conducted by Atwell (2005) entitled ‘A profile of Victorian Seniors from Refugee Backgrounds- Health and wellbeing needs and access to aged care health and support services’.

The report highlighted:

A need for an integrated approach to settlement services of mainstream service and ethno-specific service providers for Assyrian clients living in Fairfield; concerns with regards to lack of knowledge of the Assyrians which includes their history,
language and culture; foster a new culture amongst the diverse Assyrian organisations; engage a partnership approach so that diverse groups can work together and share knowledge, information and resources; acknowledge the role of young people within the community so as to ensure future success of the Assyrian community’.

The report provided a comprehensive background of the Assyrian history that covers the ambit of their immigration background; their lives in Fairfield City; and demographic profile within the Fairfield local government area. It included feedback from discussions held and addressed three important priorities for the Assyrian Chaldean community: ‘Their culture and how it was interlinked with church organisations and their guidelines of their community infrastructure and leadership; the important role of families for the building of social relations; and the perceptions and needs of young Assyrians’.

The report alludes to consideration given to service providers and the complexities of integrating mainstream, settlement and ethno-specific services. It also explores issues of identity and cultural issues for service providers, and raises awareness of service gaps.

It highlights the fact that the lack of services for elderly seniors is of great concern to the community. It reiterates that senior Assyrians had indicated their interest to actively participate in assisting funding bodies with program development for seniors, through their voluntary input to ensure that service provision matched their ageing requirements.
They also identified the following types of services for their ageing needs which were:

‘Social groups to assist seniors’ network and access information and services through this pathway; as the community in the Fairfield area was ageing they needed aged care services; an Assyrian day care for frail elderly Assyrians was required; increased senior groups so as to foster a pathway of socialising with the community and reduce social isolation; psychological neglect; and that the elderly did not ask much but loneliness was impacting on their mental wellbeing, and a recommendation to maximise the abilities of these elder participants by engaging active seniors from the groups to lead the senior’s group activities, to encourage active participation in their community’s capacity building’.  

There were other recommendations made that were more focused on the young people of the community and so have not been included in the review. This report consists of detailed information of the Assyrian Chaldean community as a whole.

There is once again limited focus on the elderly members of the community, however it does throw light on some significant knowledge of elderly Assyrians, but not specifically on the Assyrian Chaldean community.

Previous work with Somali women informs my awareness of their intractable requirement of having gender-specific activities. With the exception of immediate male family members, Somali women, in particular older women in the HACC age group, are vehement in having a preference of female-led service provision.

89 Gow, G, Isaac, A 2005, Assyrian Community Capacity Building in Fairfield City, University of Western Sydney, p.3-53
The Arta Conference\textsuperscript{90} in 2000, gave an opportunity to Somali women to represent themselves. In June 2003 the Secretary-General affirmed that in accordance with the Security Council resolution 1325 (2000) of 31\textsuperscript{st} October 2000, the United Nations highlighted the importance of a gender perspective, and the recognition of the issue of women’s human rights and provided a gender expert to work with the Inter Governmental Authority for Development (IGAD) mediation team.

Conference discussions on issues included: affirmative action; special measures to ensure women representation, and enable women to access and control resources; and very importantly to investigate the effect of war on women and children.

The North West Migrant Resource Centre in 2004 conducted a qualitative research study to provide a resource that would assist service providers gain a better understanding of Iraqi born communities. They targeted the following ethnic groups- Assyrians from Iraq, Arabic speaking, and Kurdish communities. The research methodology was similar to the Underrepresented Communities Project conducted by Spectrum Migrant Resource in 2006.

The North West Migrant Resource Centre launched a research study in 2004 in order to improve the knowledge of service providers and the Australian-born community regarding the cultural and unique needs of Iraqi born indigenous communities like the Arabic-speaking, Kurdish, and Assyrian communities.\textsuperscript{91}

The aim of the project was to conduct a qualitative study to provide a better understanding to service providers in the sector, regarding the history, gaps, needs

\textsuperscript{91} North West Migrant Resource Centre, 2004, \textit{Iraqi profile}, p.1-4, Victoria
and culturally appropriate care that was needed for all Iraqi communities. These people had fled oppression and suffered psychological trauma and hardships, and required to establish trust with service providers before the commencement of services.

Interviews were conducted with Iraqi-born participants from the three communities identified.

Questions were created in keeping with the aim of improving the capacity of these communities, and creating a profile of the community with the broader sector, through sharing of this information.

A similar theme was identified across all three communities and their settlement issues were – English, Housing, Education, and Employment. The outcome of the project culminated in a brief report that documented settlement experiences of all three communities, a brief background to the Iraq-born settlement experience in the north-western region of Melbourne, and statistical settlement data to highlight gaps in service provision. Information was gathered from focus group participation, interviews and a public forum.

The Iraqi-born Assyrian Community: The Assyrian and the Chaldean communities in Australia participate in activities and support groups. The report states that they have a close bond which stems from their commonality in cultural and religious preferences for Christianity.

The Assyrian community in Iraq were constantly fighting for the recognition of their Identity. According to the findings of the report, in Iraq the Assyrians from the north
are classified as Kurdish whilst in the middle and south they are recognised as Arabs. They felt they were treated as second class citizens, and were challenged, by injustices handed out to them. One such being, even if they were educated it was impossible to secure a decent job due to the discrimination experienced by them. As such it is not easy for the Assyrians to trust people in authority as it evokes bad memories of past experiences.\(^92\)

Many Assyrian women seeking to commence education or looking for work struggle with confidence and identity issues. This can be associated with their experiences of living in a Muslim country where women were not allowed out in the public, unless they were accompanied by their spouse, and had to cover themselves and suffered a loss of independence. This has given rise to issues of depression, and the experience of marginalisation in Assyrian women.

It was identified that there is a need to educate elderly people regarding services available in terms of HACC aged care service provision. The elderly participants of the discussion group also raised the need for them to be considered for employment (i.e. factories) as this would give them a sense of self worth, and reduce the social isolation they experience being cut off from the broader community.\(^93\)

In order to get a better understanding of the needs of the Assyrian Chaldean elderly, Yildiz (1999) in his journal article reveals vital information regarding the history of the Assyrian Chaldeans. The study throws light on the extreme hardships experienced by this community right from the fall of the Assyrian regime, and their


resilience to regroup and survive through all the different periods of domination by the Romans, Greeks, Turks, Kurds, and the Persians.

It also gives insight to the origin of the Assyrian Chaldean Christian community, and how they are often associated with other umbrella communities, and affirm that this is not justifiable due to their unique rich culture, tradition and history.

In 612 BC after a long period of war Assyria was conquered and destroyed by the Babylonians and the Medes, this marked the end of the Assyrian rule. However contrary to the thinking that this ended the Assyrian empire and the original natives of the land were wiped out, the Assyrians survived.94

This viewpoint has been shared by historians like, Smith (1925, p.1). He affirms that the fall of the political system of a state or country has never automatically meant the destruction of an entire people. He reiterates that the fall of the Assyrian empire did not automatically lead to the disappearance of its people, but rather to the loss of its independence.

Yildiz (1999) states that ‘there is not much information regarding the political situation post fall of the Assyrian empire, however what is known is that the western part of the empire as far as the Tigris was controlled by the Babylonians and the eastern part of the land was ruled by the Medes. Today the ancestral homeland of the Assyrian Chaldeans, and its empire, falls in the geographical areas of Iraq, Iran, Syria and Turkey. Assyrian communities live within all these countries and are likely

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descendants of the ancient Assyrians and Babylonians who survived for centuries and endured persecution and even genocide.\textsuperscript{95}

Yildiz (1999) advises that there are approximately four million Assyrians living in different parts of the world and that fewer than two million live in the original geographical locations of northern Iraq. However as a result of the two Gulf wars, the numbers might have reduced to less than a million. It is estimated that in Syria, there are 800,000 Assyrians, 74,000 in Iran, and less than 25,000 in Turkey, and large numbers in other parts of the world such as USA, Armenia, Brazil, Lebanon, Russia, Sweden, and Australia.

Yildiz (1999) states that the Assyrian's cultural life was comparatively superior to neighbouring countries, and consisted of a high level of literacy evident in areas of medicine, astronomy, mathematics, and history, which led to a valuable knowledge base that enabled other generations to study from. It is reported that a deeply rooted oral tradition existed in the country that assisted in preserving the unique identity of the Assyrians even after conversion to Christianity.

Yildiz (1999) informs us that the mid nineteenth century was the genesis of Christianity in Assyria. The Assyrians having suffered under the domination of the Romans and Persians, and with a non existent representation of political leaders, regrouped around the institution of the church. As such the head of the church was not just a religious leader, for spiritual enlightenment but also an authority for the community and was the final safe keeper for traditions and culture of the Assyrian people.

\textsuperscript{95} Yildiz, E, 1999, \textit{The Assyrians – A Historical and Current Reality}, p.15 - 28
The author of the journal article Yildiz (1999) identifies this stage in Assyrian religious history as the period when the Assyrians embraced other names such as Assyrian Chaldeans, Assyrian Nestorians, Syrians, Syriacs, Jacobites, and Arameans.

Yildiz also claims that if the Assyrians had not converted to Christianity the Assyrian community would have had to face many more challenges and obstacles, with the risk of not having survived. As a result of having experienced tremendous hardship and continuous oppression, the Assyrians have leaned heavily on the church for support, and as such their allegiance is first to religion and then to their identity, and this became more evident with the rise of Islam.

Yildiz (1999) suggests that it is very hard for neighbours in the Middle Eastern countries to truly comprehend the plight of the Assyrians as they had not experienced the extreme oppression that the Assyrians had faced. Even in the most recent times the Assyrians have had to flee from Iraq and Iran, due to oppressive and radical regimes and have sought asylum across the globe in western countries that have provided them asylum.

Yildiz (1999) concludes the article by affirming that the Assyrian communities' claim to have a right to their own identity is justifiable. Their traditions, language and history demonstrate the uniqueness of the Assyrian culture.96

This article provides valuable knowledge of the history and background of the Assyrian Chaldean community. The information sourced from the journal article will contribute to the understanding of the Assyrian Chaldean elderly community. It will

be purposeful to the research study proposed through gaining a deeper understanding of the unique history and background of the Assyrians as presented by Efrem Yildiz.

**Conclusion**

The scope of my research is indicative of a Victorian perspective, with the aim to provide aged care service providers with the knowledge of the two communities settled in Melbourne. Whilst investigating information available on the pre-settlement and post settlement of the Assyrian Chaldeans a search of international documents was conducted, however limited information was found specifically on the two elderly communities.

In conclusion the lack of academic literature that provided relevant information specifically on the two communities the Assyrian Chaldeans and the Somalis proved futile. However, the availability of state, local government, federal government and aged care providers’ (both ethno specific and mainstream) reports on small and emerging communities lends valuable insight to the barriers in accessing mainstream health and welfare services for small and emerging communities.

In conclusion the information gained from the Literature Review has led to creating an awareness of the life challenges and complexities experienced by the two elderly communities. It creates a requirement for any research investigation to provide consideration to its proposed strategies.
Chapter 2

Theoretical framework

Introduction

This chapter is a discussion of the suitability of engaging a qualitative framework for the purpose of my research to identify the needs of the small and emerging elderly, primarily targeting the Somali and the Assyrian Chaldean communities. My knowledge of both these communities', the Somalis and the Assyrian Chaldeans, has been obtained via my role as a social worker, working at Spectrum Migrant Resource Centre.

The Assyrian Chaldean and the Somali elderly both share a common background of having experienced trauma, torture and oppression by dictatorial governments, and limited in their knowledge of the English language in Australia. As such a qualitative method that engages with participants through focus groups, and interviews to collect research information, and utilises a thematic approach to analyse data is best suited to the cultural requirement of studying the Assyrian Chaldean and Somali elderly.

Research aim

The aim of my research is to develop a knowledge base of the limitations within the current State Government's Home and Community Care (HACC) service system, demonstrated by the low representation of small and emerging communities, such as the Somalis and the Assyrian Chaldeans. This led to my research question-What are
the barriers for the Somali and Assyrian Chaldean elderly communities in accessing mainstream health and welfare services?

Other questions explored in the focus groups include:

1. What are the barriers for elderly Somali and Assyrian Chaldeans to access health and wellbeing services?

2. What are the current health and wellbeing services that are culturally appropriate to the needs of the Somali and Assyrian Chaldean elderly communities?

3. Do these communities have knowledge of health and wellbeing services?

4. How do elderly Assyrian Chaldeans and Somalis navigate the current services system to access services?

Research task

The primary task of the research is to engage ageing members of the target communities so that their barriers in accessing welfare services can be identified and documented. The research requires establishing contact with elders and leaders of each community to facilitate focus groups and assist in gaining the trust and confidence of the members of the community. The project methods need to be varied to include the Somali community’s preference for gender specific services.

A qualitative approach has been chosen as it includes research strategies such as focus groups and one-on-one interviews to collect data for the purpose of the
research due to their past experiences of trauma and torture. Many of the participants from the two communities are emotionally fragile, and are more comfortable participating in focus groups with other members of their community, as well as one-on-one interviews with the support of bilingual community members. I also propose to conduct one-on-one interviews with general practitioners, allied health professionals, and social workers. Data collected from interviews and focus groups, will be analysed through a thematic lens, and trends and themes identified will be studied with the aim of exploring the barriers that Somali and Assyrian Chaldean elderly encounter when accessing mainstream health and welfare services. It will also contribute to current and future needs of these communities, and will contribute towards policy development.

As an outcome of consulting with leaders from the communities, and elderly participants, a northern region profile for each of the two communities will be created. This includes census information which is specific to the communities, e.g. living arrangements, health status, projected age care needs as per their population projections, current service utilisation Home and Community Care, non HACC, and current key support mechanisms.

The strengths of engaging a qualitative research strategy is that it mostly emphasises words rather than quantification in the collection, and as there is limited data on the two communities chosen for my research, a qualitative approach would be suitable for the research study proposed.
Finally as a researcher working with participants from cultural and linguistically diverse backgrounds, it is very important at all times to demonstrate cultural sensitivity in my research methods by making allowances for cultural values and traditions in my research strategies (e.g. Somali women prefer gender-specific focus groups and interviews).

Even as I acknowledge that the information gathered from focus groups and interviews may be biased by my own work and personal experiences, I aim to ensure that the recording and transcribing of data collected from focus groups represent the diverse opinions of the members of the two communities, and remain authentic.

**Qualitative Approach**

A Qualitative methodology will be used to describe the logic and rationale of the overall research design, and the qualitative approach for the strategies will be engaged for the research of focus groups and interviews on participants.

The Qualitative theorist Dew (2007) states that it is important for qualitative researchers' to distinguish between a methodology that consists of principles best suited for the research proposed, and methods to be engaged to gather data, such as focus groups and interviews. 97

In order to provide a research framework that includes a flexible, and an informal method, a qualitative lending is best suited for the purpose of studying the barriers of the Somali and Assyrian Chaldean elderly in accessing welfare services. This is due to the fact that any formal process would create fear and discomfort, and could be associated with past oppressive experiences. In addition both these communities

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have lived a major part of their lives in countries where they have always engaged in informal processes.

Qualitative research as defined by Denzin & Lincoln (2000) is an interpretative and a naturalistic approach of perceiving the world. They state that it creates opportunities of studying people in their natural settings and recognises that it is people who add meaning to the research interpretations. They affirm that qualitative research involves the collection and study of empirical resources such as: case studies, personal experiences; life stories, interviews, and observational, interactional, data, which provide knowledge of problematic and meaningful events in individuals lives. As such through interconnection and interpretation strategies a researcher gains a better understanding of the research subject.98

The strengths of engaging in qualitative research include a holistic approach to exploring social issues. Three important characteristics of qualitative research suggested by Gubrium and Holstein (1997): Naturalism, Ethnomethodology, and Emotionalism are suitable to the study of Somali and Assyrian Chaldean elderly and are illustrated as follows:

Naturalism is an understanding of social reality as it is an opportunity to describe people and their interaction in their natural environment;

The two communities selected for the research, the Somali and Assyrian Chaldeans require a familiar environment for focus groups and interviews to be conducted. Local venues will be selected that are convenient to the participants. The utilisation

of bilingual community members leading the discussions will encourage participation through established trust.

*Ethnomethodology* is an understanding of how social order is created through discourse and interaction between participants involved in the research\(^99\).

The methodology proposed for the purpose of the research consists of strategies that acknowledge the importance of honest and open dialogue between community members and the researcher. It is also important to ensure that community members are encouraged to discuss freely during focus groups and interviews, and are given ample opportunities to share their opinion without fear in a relaxed manner.

*Emotionalism* demonstrates a concern regarding gaining access to people’s personal experiences and the realities of it. The research proposed requires a study that takes into consideration the experiences of the two target communities pre-settlement in their countries of origin, and post settlement in Australia. As such a qualitative research tradition that identifies the importance of ‘emotionalism’ and acknowledges a concern for retrieving information from members of the community regarding their personal experiences very much aligns with my own values and ethics, and the importance of this human exchange of actual experiences for research.

A vital characteristic of a qualitative design is that it takes into account the deeper meanings of human experiences. This results in the generation of more realistic theoretical observations.

In the research to be conducted on the two target elderly communities as mentioned previously, it is critical for the researcher to take into consideration the experience of these two small and emerging elderly communities, pre and post their diaspora (dispersion from their countries of origin), including their settlement experiences in Australia.

Rubin & Babbie (2007, p.34) suggest that it is also important to engage a qualitative design that demonstrates flexibility in its research strategy, and allows the research procedures to evolve as observations increase. My previous work experience with both the Assyrian Chaldean and the Somali elderly participants has made me aware that it is critical to ensure that my research strategies take into consideration knowledge gained of the two elderly communities and what evolves during the research process.

Another reason for choosing a qualitative research strategy is that it mostly emphasises words rather than quantification in the collection, and as there is limited data on the two communities chosen for my research, a qualitative approach would be suitable for the research study proposed.

To ensure that the research strategies include culturally appropriate strategies, when working with focus group and interview participants from non English speaking backgrounds, it is critical to the success of the research to look at alternative ways of
obtaining data, such as verbal communication. This creates a pathway of culturally appropriate communication with participants, who do not have a written dialect, and are a verbal community, and as such a two way narrative strategy to gather data is required.

It is very important to hear the voices of these communities represented in my research paper as ethically it is ‘their story’, not mine. Hammersley, (1995) asserts ‘who speaks is more important than what is said’. To make sure that the research remains authentic, focus groups and interviews with elderly participants will be conducted in such a way that they feel free to share their stories, and health and welfare needs. Previous work experience with both the target communities has led to the knowledge that a large number of Somalis and the Assyrian Chaldean elderly prefer verbal communication. The Somalis have a verbal culture, and do not possess a written dialect, in the case of the Assyrian Chaldean elderly their years of oppression have led to the loss of their written dialect; as such the use of surveys would be inappropriate, and to ensure a positive interview experience, an interactive pathway is culturally appropriate and critical to the success of the research strategies. This would encourage participation and substantiates Gubrium & Holstein’s (1997) critical argument, that interviews should be an interactive pathway.

The awareness gained from previous project work undertaken, ‘The Underrepresented Communities Project’ (2006) with the two elderly communities indicates that there is very limited in-depth research carried out to explore the barriers in accessing mainstream health and welfare services essential for elderly Assyrian Chaldean and Somalis. As such the intent of my research is to explore
previous studies conducted on small and emerging communities who share commonalities in their refugee and settlement experience. The requirement of an exploratory framework for the study of the two target communities has led to the choice of a qualitative exploratory design (as mentioned above), to the fact that research has been conducted specifically on these two communities. This affirms Babbie’s (2007, p.88) explanation that an exploratory design is utilised ‘to gain a better

**Qualitative Exploratory design**

The research design proposed for the study of the two communities consists of a qualitative exploratory design engaging with the elders and leaders of the communities, medical practitioners and aged care service providers, through facilitating focus groups and interviews so that their needs can be identified and documented accurately.

The qualitative exploratory design will include a very minor quantitative element in relation to the profile information, which will identify place of birth, numerical representation of the communities, gender, and other related demographic profile information.

However, the project methods allow for variation in accordance with the specific cultural features of each community, e.g. Somali women have a preference to work with female case workers-the reasons have been stated earlier.

Babbie’s (2007, p.88) quintessential description of exploratory studies suggests that there are reasons for pursuing this approach and they are: firstly the researcher gets
a better understanding of subjects; secondly possibility of doing more extensive study; and thirdly to create a methodological pathway that can be utilised for future studies. In relating this to the study of the two small and emerging communities, there is no evidential academic studies conducted previously on these two communities, due to the fact that they are small in numbers and do not have established profiles like earlier settlers in Australia such as the Greeks, and Italians post the second World War.

This paucity of information available on the two communities chosen for research has influenced my choice of an exploratory design, based on the reasoning that no earlier study has taken place and the researcher can engage an exploratory strategy for seeking information regarding the topic of research. ‘Exploratory research is used when measures or instruments are not available and the variables are unknown and there is no guiding framework or theory’ (Crewell, Clark 2007, p.75). The Somalis and the Assyrian Chaldeans are new and emerging groups entering into the service sector and no formal study has been conducted as to why they are under-represented in governments reporting mechanisms, such as the MDS (Minimum Data Set). As such a qualitative exploratory design is most suitable for the research.

Stebbins (2001) also suggests that this approach is useful when working with groups, and when limited or no previous literature is available to review. The use of a flexible and open-minded methodology of conducting focus groups, and interviews with the elderly members of the two communities, is best suited for the purpose of the research. Exploratory research is not limited to ‘observation’ but the method of ‘interviews’ which is more focused and ‘creative’, Stebbins (2001, p.22).
An exploratory research design provides for flexibility with an informal approach best suited to the Somali and Assyrian Chaldean communities. Any formal process including tape recording of focus groups and interviews, could traumatise the participants and create suspicion and fear, associated with past experiences of dictatorial regimes and corrupt people in authority, making it hard for the researcher to establish trust with the elderly members of the community Bryman, A (2004, p.266).

The characteristics of an exploratory design consists of flexibility and open-mindedness Stebbins (2001, p.10) this enables the proposed research methodology to take into consideration the importance of a suitable venue, and the creation of a relaxed and comfortable environment. Focus groups and interviews will be conducted in suitable venues such as local recreation centres, and social support venues, where participants currently attend programs. This will ensure that participants feel free to express their more complex and powerful emotions associated with their recent ‘war experiences’ and their current ‘settlement situations’.

Bryman (2004, p.266) emphasises five main strengths of qualitative research which are:

‘Seeing through the eyes of research participants; description and context; process; flexibility and a lack of structure, and concepts and theory’.

In the case of the Somali and the Assyrian Chaldean communities they do not come from backgrounds where ‘English’ is the common language. Many elderly members of the target communities do not speak or understand the English language, and are
limited in their ability to communicate. As such, interviews that include lengthy conversations in English may be inappropriate. However, what is required is unstructured flexible methods of conducting interactive focus groups and interviews.

Babbie (2007, p.89) asserts that when ‘new ground is broken then they almost always get new insights into subject for research’. It is presumed that the research findings will provide a better understanding regarding the barriers and challenges faced by the Somalis and the Assyrian Chaldeans in seeking mainstream health and welfare services. It will also assist service providers and funding bodies on how best to bridge the gaps in services for these communities. It will increase the knowledge of the communities through an exploratory research process, and will uncover new insights to encourage further substantive research projects.

In order to ensure that the research design meets with the cultural competence required, investigating and interpreting my findings, my research methodology must demonstrate cultural sensitivity through recruitment and retaining participation of the target communities. In addition I have to increase my knowledge and effort to carry out research on the Somali and Assyrian Chaldean elderly communities in a culturally appropriate manner by ensuring that the research strategies reflect their unique characteristics defined by their culture and their refugee and settlement experiences.

**Cultural Lending**

In order to pursue a methodology that is culturally appropriate to the research of the two targeted elderly communities-the Somalis and the Assyrian Chaldeans, within the framework of a qualitative design, it is necessary to ensure that the research
strategies match their unique cultural and religious preferences. As such cultural consideration has been made in addressing the following research strategies and perceived issues: recruiting and retaining participation of minority population; culturally sensitive approaches regarding confidentiality; use of bilingual staff; culturally competent data analysis and reporting; language problems; cultural bias; focus groups; facilitation; interviews; data analysis; ethical consideration; and research outcomes, Norton & Manson (274, p.16).

**Recruiting and retaining participation of minority population**

Established links with bilingual staff and community leaders through previous project work undertaken will assist in successfully recruiting and retaining participation of the target communities. Discussions were held with members of each individual community participants prior to the commencement of the project, and gender-specific groups of both male and female participants will be recruited as per their consent to participate in focus groups.

My own working knowledge of migrant and refugee communities and their need for cultural sensitivity will assist in my recruitment of the target communities.

Rubin, A (2007, p.174) states that one reason for a researcher experiencing difficulty in recruitment and retention of participants is due to a ‘poisoned climate of research that was conducted in a culturally insensitive manner’.
Cultural Sensitive approaches regarding confidentiality

Most of the focus group participants and the leaders of the community share a past history of refugee experience that in some cases involved an association with trauma and oppression. Having previously worked closely with members of the community, trust has already been established prior to this research. As such the familiarity with the interviewer will assist in creating a safe environment to conduct open and honest dialogue at focus groups and interviews.

Use of bilingual staff

Bilingual staff and community leaders play a significant role in assisting with research tasks. In ensuring that the research strategies address the language and cultural barriers that Somali and Assyrian Chaldean elderly experience in participating in the research proposed, bilingual workers will be recruited from the two target communities. This will negate any language or cultural barriers and will create a pathway of established trust with participants from both communities, and reduce the use of interpreters.

Culturally competent data analysis and reporting

Another very important factor underpinning the research methods is culturally competent data analysis and reporting. It is necessary to be culturally sensitive to how these small and emerging target groups differ from mainstream service users. Their limited access to information regarding health and wellbeing services, their low representation in State and Federal government reporting, and the ABS census 2006, all raise a concern of their marginalisation as service users. As such it was important
to use culturally competent methods such as engaging elderly participants in the Home and Community Care (HACC) age groups (65+), and participants from the two target communities. Gender issues with the Somali community will be addressed by holding separate focus groups for male and female participants.

Language Problems

As most of the participants have limited fluency in speaking, reading or writing in the English language, research methods have to be modified to their literacy needs. It is proposed to engage bilingual workers and community leaders who speak English fluently to work as volunteers to support the research. This will ensure that elderly members of the target communities can comprehend and participate fully in discussions held at focus groups and interviews, and will ascertain accuracy of research data.

Cultural bias

It is important to acknowledge and to take into consideration in the research proposed, that even as there are similarities between the two targeted small and emerging communities in their refugee and settlement experiences, there are some significant differences in their religious and cultural biases. This is very clearly explained in the statement of social theorists, Babbie & Rubin (2007, p.283) who affirm that ‘A minority measurement procedure has cultural bias when it is administered to a minority culture without adjusting for the ways in which the
minority culture's unique values, attitude, lifestyles, or limited opportunities alter the accuracy or meaning of what is really being measured.

To ensure that the research methodology includes culturally unbiased strategies, consideration must be made to engage in culturally appropriate research strategies underpinned by the knowledge of each community's unique needs, and differences of culture, religion, values and lifestyle. A good example is with the Somalis: there is a need to hold gender-specific focus groups due to women and men not being able to congregate together. Many Somali elderly women have either lost their husbands during the Mogadishu wars or have separated as their choice due to personal reasons. Thus there is a culturally imposed practice of requiring separate meeting places (including in the mosque).

Finally, I aimed to ensure that the recording and transcribing of data collected from the focus groups represented the diverse opinions of the members of the focus groups. The use of bilingual workers was a deliberate strategy to address potential bias. It is acknowledged however that even with these strategies designed to reduce bias that an element of bias remain possible due to my own work and personal experiences.
**Focus groups**

The research techniques include focus groups for the purpose of eliciting information from the target communities suitable to the research. Focus groups have been identified as a valid tool to conduct social research with new immigrant groups.\(^{100}\)

Banks (1956) advises that focus-group data collection is different to quantitative methods which start with a hypothesis. The methodology that collects data from focus groups begins with group interviews. ‘The strength of a qualitative methodology is that it generates authentic detailed information as provided by the focus group participants, and does not change what was said’ Steckler (1992). The recommendation of Banks (1956), and Steckler (1992) is pertinent to the research on the Somalis and the Assyrian Chaldeans, as it is important to relay information as it has been articulated to ensure that the data remains credible.

Engaging focus groups as a tool for the research proposed will provide a good opportunity to explore themes and cultural experiences of the two diverse communities. Key considerations for the focus group design are: two focus groups will be convened per community so as to ensure effective diversity of participants and sufficient data for the purpose of research. This process will provide an opportunity to explore themes and cultural experiences of the two communities. Babbie (2007, p.309) states that generally two focus groups are conducted to avoid

the danger of a small group of 7 or 12 being ‘atypical’ and unable to offer generalisable insights.

Proposed focus group numbers are 12 participants per 3 groups and of mixed gender.

Participants will be chosen as for their relevance to the research, and as per Home and Community Care (HACC) service criteria which age is 65 and above. This reinforces Babbie’s (2007, p.308) claim that ‘The subjects are selected on the basis of relevance to the topic under study’.

Table 2:

Number of focus group participants for both communities

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somali Men</td>
<td>15</td>
</tr>
<tr>
<td>Somali Women</td>
<td>15</td>
</tr>
<tr>
<td>Assyrian Chaldean</td>
<td>15</td>
</tr>
<tr>
<td>Mixed gender group</td>
<td>15</td>
</tr>
</tbody>
</table>
Two focus groups will be convened per community so as to ensure effective diversity of participants and sufficient data for the purpose of research. Finally even though small groups allow an in-depth contribution large groups (15 participants) permit more cross-participation and avoid exclusions (Bender & Ewbank (1994, Vol.4, p.65))

Focus groups will be held in local health centres and council facilities which are familiar to the target groups. This will assist in creating a safe environment for the participants to feel comfortable in. Questions will be designed with cultural sensitivity, taking into account that there are two different communities targeted for the purpose of the research and ensuring consideration to the cultural uniqueness of the Assyrian Chaldean and Somali focus group participants.

It is suggested by theorists Rubin & Babbie (2007, p.96) that ‘there is a possibility that due to the participants, experience of living in a totalitarian society they may be resistant to answering questions in comparison to those who live in freer societies’.

Finally focus groups are a gathering of a group of people for a specific purpose. The style in which focus groups are to be conducted is important, particularly it is necessary to engage a relaxed nature in which formal interviews can be conducted. This will assist participants being comfortable and engage freely with the researcher. Permission will be sought for tape recordings of focus group interviews.

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Facilitation

To engage effectively with the participants both with one-on-one interviews and focus groups.

It will be crucial firstly to establish trust with the participants. It is also imperative to explain the purpose of the research and ensure that all participants are comfortable with the strategies proposed. I will also ensure that bilingual workers and leaders of the community are involved with the interviews and focus groups to ensure that participants are trusting of the process of engagement.

My work experience of successfully facilitating community groups working at Spectrum Migrant Resource Centre will further strengthen the quality of facilitation.

Bender, & Ewbank (1994, p.1) state that it is important for the interviewer to be a good listener, and with the exception of encouraging participants, to engage freely, ask extra questions for better understanding, and ensure that during the process of communication they keep focused on the relevance of questions asked.
A qualitative approach to conduct six in-depth interviews is proposed to engage with:

- Local GPs who have established trust with elderly members of the community and have an understanding of their fears and concerns, their physical and mental health issues and their health and wellbeing needs.

- Social workers, allied health professionals, bi-cultural support workers, religious leaders from Somali, and Assyrian Chaldean backgrounds, mainstream practitioners who have established trust, and have a key understanding of the history as well as the needs of the ageing members as settlers in Australia.

Babbie (2007, p.306) suggests that a qualitative interview should be conducted through interaction between the interviewee and interviewer. He states that it is essential at the onset to explain the purpose of the interview and then allows the interviewee to provide information to the questions asked. He also recommends that it is important for the interviewee to allow the respondent to take charge of the conversation and for the interviewer to refrain from dominating the conversation. He also suggests that questions should be provided prior to the interview so as to create a comfortable and familiar experience for the interviewees.

My previous experience of holding interviews with members of the two communities included strategies as suggested by the theorist Babbie (2007 p.306), and I will ensure that the interview process is modified to suit the comfort of the interviewee.
### Table: 3

Six in depth interviews will be conducted with allied health practitioners, community leaders, bilingual support workers, religious leaders, and aged care assessment workers who have established trust with the target groups as per the table below:

<table>
<thead>
<tr>
<th>Aged Care Practitioners</th>
<th>Background</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners</td>
<td>Mainstream</td>
<td>6</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Somali and Assyrian Chaldean</td>
<td>6 X 2 (12)</td>
</tr>
<tr>
<td>Community Leaders</td>
<td>Somali and Assyrian Chaldean</td>
<td>6 X 2 (12)</td>
</tr>
<tr>
<td>Religious Leaders</td>
<td>Somali and Assyrian Chaldean</td>
<td>6 X 2 (12)</td>
</tr>
<tr>
<td>Aged Care Assessment Workers</td>
<td>Mainstream</td>
<td>4</td>
</tr>
</tbody>
</table>
Data analysis

A thematic analysis tool is preferred for the purpose of the research. Information collected from respondents will be analysed with a focus on identifiable themes and patterns of living and behaviour of people Aronson (1992, p.1). Themes are identified by bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone’ Leininger (1985, p.60).

Ericson (1991, p.55) also states that qualitative analysis begins with the idea of the process, and the role of the analysts to read the contents of the data collected and combine it together to identify similarities, patterns, themes, and trends’. This is descriptive of the proposed thematic analysis research methodology for data collection, from focus groups and interviews of the two identified communities (Somalis and Assyrian Chaldean) for the purpose of the study.

The initial step is to identify data that relates to classified patterns, themes and to common experiences. Data gathered from focus groups with the two identified communities, and from interviews with community members, general practitioners, religious leaders, social workers, bilingual support workers, and leaders of the community will be thematically analysed.

Rossman & Rallis (1998, p.171) confirm that the coding process to be utilised will create a description of the people and identified themes through organising all the data recorded from focus groups and interviews into ‘chunks’, before providing meaning to them through placing the text data into categories, and labelling them with a term (for example: aged care needs).
Themes that evolve from respondents’ stories will be pieced together to form a comprehensive picture of their common experience. The information gathered from data analysed will complement the literature and reports sourced for the purpose of my recommendation, in identifying the barriers in accessing mainstream health and welfare services for the two target communities.

**Ethical Considerations**

Most newly emerging elderly communities like the Somalis and the Assyrian Chaldeans are not represented accurately in the ABS census and government statistical data. The reasons for this include lack of knowledge of services, limited supported access to mainstream services, reluctance to use formal services, and a lack of confidence due to not being able to speak English. As such it is only through establishing trust that access is established with mainstream service providers.

It is critical to obtain consent from the elderly participants, for the purpose of the research on commencement, as consent forms will be translated and distributed amongst those participating in focus groups and interviews, before launching into focus groups.

Confidentiality issues will also be clearly discussed with focus group participants and interviewees, as many Somalis and Assyrian Chaldeans due to having experienced political oppression under dictatorial governments are often fearful of speaking their mind. Participants will be assured that their names will not be disclosed in the final research report to ensure protection of their identity.
Babbie (2007, p.63) suggests that social research should never cause any harm to people who are the focus of the study. It can sometimes be challenging and can lead to interviewees experiencing embarrassment due to having to share information that is very personal.

In the case of the Somalis and the Assyrian Chaldeans many of them have suffered recent experiences of trauma and torture and as a result have psychological setbacks, so is crucial to be sensitive to their feelings when conducting focus groups and interviews.

Babbie (2007) states that for some social research, participation is a ‘reality check’. It may cause them to face aspects of themselves they do not normally pay attention to or ‘deny’. As such it may be hard for some participants to engage with the project requirements. In such cases, concession has be made to ensure that no one experiences pressure to take part unless they are willing voluntary participants of the research process and can see the benefits for themselves through the outcomes of the research.

In order to ensure ethical standards are met for the purpose of the proposed research, prior approval from the RMIT University Ethics Committee was gained, to ensure ethical standards were entrenched in the methodology proposed for the research to be undertaken in the study of the two target communities.

In order to ensure that my research design meets with appropriate cultural competence required investigating, and interpreting my findings, my research
The research outcomes will include increased knowledge of each of these elderly communities:

Somalis and the Assyrian Chaldeans and through identifying current and future needs for appropriate services across the regions and will contribute to policy development.

After consulting with leaders from the communities, and elderly community members my research methodology will include a Northern Region profile for each of the two communities. This will include any census information available, and will be specific to the communities e.g. living arrangements, health status, projected age care needs as per their population projections, current service utilisation - Home and Community Care, non-ACC, and current key support mechanisms.

In conclusion, the methodology proposed to research the elderly Somali and Assyrian Chaldean communities through a qualitative exploratory framework demonstrates research strategies that provide for the unique cultural and religious requirements of studying the service needs of the two target communities. It also ensures a pathway to establish trust with Assyrian Chaldean and Somali elderly participants involved in the research, and identifies the barriers in accessing health and welfare services as per the findings presented in the chapter that follows.
Chapter 3

Research findings

Introduction

This chapter presents the findings of the study carried out through a qualitative exploratory framework focusing on the two small and emerging communities, the Somalis and the Assyrian Chaldeans. Focus groups and interviews examined the research topic: the barriers for new and emerging communities such as the ‘Somalis’ and the ‘Assyrian Chaldeans’ in accessing welfare services. Information gathered from focus groups and interviews has been analysed through a thematic lens, identifying themes, trends, and patterns, and a conclusion to the outcomes follows the four research questions and the feedback in relation to each community.

The rationale of analysing each community separately was because of their unique differences in their cultural and religious uniqueness and even as there are commonalities in their refugee experiences in Australia they are unique to each communities pre-settlement and migration experiences.

Culturally sensitive approaches

Most of the focus group participants and the leaders of the community shared a past history of refugee experience that in some cases involved an association with trauma and oppression. There was a small group of participants who were reluctant to divulge information regarding their current settlement issues, due to past experience with government authorities who did not appreciate ‘negative feedback’ regarding
government services. However once trust was established, and assurance from community leaders was received that it was alright to provide open and honest feedback to the researcher, the community members began engaging quite effectively.

**Research support- Bilingual staff and community representatives**

Bilingual staff and community leaders played a significant role in assisting with research tasks. Many elderly participants endorsed the use of bilingual workers from the community, due to a feeling of comfort of sharing the information with a trusted person instead of an interpreter. It was interesting to notice a reluctance to speak to an ‘outsider’ being the ‘interpreter’ due to a fear of a breach of confidentiality occurring.

Focus groups conducted were interactive in design and discussion was mostly led by the participants. A leader from the community who assisted with interpreting information for members of the focus group reported that, ‘the elderly members of the community were disadvantaged because of their limited fluency in understanding and speaking English’. When conducting focus groups with the Somali community, gender-specific focus groups had to be conducted as per their cultural preferences.

Focus group participants were elderly men and women members who had arrived over the last 5 years and a large number of them lived with their families. They provided care for their grandchildren and helped with the day to day chores to assist the family, as younger members of their family like their son’s and daughter-in-laws or son’s-in-law tried to establish themselves in their new home country.
Many elderly members’ did not drive, and could not speak English and as such were dependent on member’s of the community to support them with trips to their places of worship, shopping and attending medical, or Centrelink appointment’s.

The lack of language proficiency and the unique cultural differences of the elderly focus group participants’ required for the research methods to be modified to suit each communities’ unique needs. For example with Somalis, there was a need to hold gender-specific focus groups, due to women and men not wanting to congregate together. As mentioned in the methodology chapter, many elderly Somali women have lost their husbands during the Mogadishu wars, and also suffer from associated memories of past traumas of rape within feuding clans. In the past in Somalia their role in Somali society was to raise children and carry out all the household chores.

However due to personal reasons as indicated above, in Australia many Somali women prefer to live alone with their children, and prefer separate meeting places (including in the mosques) for social interaction. This information was gained as I worked with the Somali community, when I noticed that Somali women were not pleased to be in the same room as their male counterparts, and even considered it to be quite inappropriate. In contrast however Assyrian Chaldean women and men were able to freely gather together for the purpose of the research focus groups. It was important to engage culturally responsive research methods, and to accept apparent differences without any bias. Initial focus groups conducted were interactive in design, and focus group participants generally led the discussions. This is consistent
with what has been stated by the theorists Morgan (1988) Stewart & Shamdasani (1990) who emphasised that a focus group should allow for interaction among the group members’.102

According to Babbie (2007, p.309) generally two focus groups are conducted to avoid the danger of a small group of 7 or 12 being ‘atypical’ and unable to offer generalisable insights. In addition Bender and Ewbank (1994) state that ‘larger groups allow for in-depth contribution and permit more cross participation’ (Bender and Ewbank (1994, Vol. 4, p.65) Health Transition Review.

Focus groups consisted of 12 participants per group who were of mixed gender, with the exception of the Somali community, that due to cultural preference were gender specific.

All focus group members selected matched the Home and Community Care (HACC) criteria for service access (Aged care criteria for HACC services, 65 years and above). This method of identifying participants for focus groups is also endorsed by social theorist Babbie (2007, p.308) who states that ‘the subjects are selected on the basis of relevance to the topic under study’.

The places selected for the purpose of holding focus groups were local venues which were familiar to each target group. This assisted in creating a safe and comfortable environment for the participants.

Interviews

A qualitative approach was taken to conduct six in-depth interviews to engage with local aged care service providers and community leaders including:

- Local GPs who had already established trust and were familiar with elderly members of the communities, and had an understanding of their fears and concerns, along with their physical, mental, health and wellbeing needs.

- Social workers, allied health professionals, bi-cultural support workers, and religious leaders from Somali, and Assyrian Chaldean backgrounds. These included mainstream practitioners who had established trust, and had a key understanding of the history as well as the needs of these ageing members as settlers in Australia.

The culturally competent research methodology utilised for the research was tailored to the cultural considerations required, and was influenced by what was to be investigated, how it was investigated, and the interpretation of the findings.

All questions framed in the research were designed with cultural sensitivity in mind. As there were two different communities targeted for the purpose of research consideration was given to the individual cultural uniqueness of both the Assyrian Chaldean and the Somali focus group participants. This is supported by Rubin & Babbie (2007, p.96) suggestion that ‘It is possible that respondents experience of totalitarian societies might be resistant to answering questions in comparison to those who live in freer societies’.
Focus Group Questions

1. What are the barriers for elderly Somali and Assyrian Chaldeans to access health and wellbeing services?

In order to construct a comprehensive understanding of what the barriers to accessing health and wellbeing services were, for small and emerging communities, it is vital to consider their cultural values, beliefs, and backgrounds. This creates a backdrop for understanding of the barriers of the Somali and the Assyrian Chaldeans in accessing health and well being services.

A number of common themes, trends, and patterns, were identified in both the Assyrian Chaldean and the Somali communities which contributed to creating barriers to access health and welfare services. The first common theme noted, was their reasons for migration to Australia. Both communities had to flee from their countries of origin, due to politically oppressive governments, and the trauma of atrocities associated with living in refugee camps. Separation from family and friends were also major factors in their quest for freedom, and settlement in a new country, albeit totally different from their own.

Considerable differences were noticed between these two communities in terms of population size, settlement history patterns, social, economic, and cultural characteristics.

Analyses of the data collected from focus groups held with both the target communities indicate factors that affect small and emerging community older people and their capacity to age well. These are: availability and support of family, English
proficiency, educational attainment, and access to adequate income, housing, and health issues.

**Feedback Somali community**

The settlement of older Somalis in Australia has been characterised by limitations including: attainment of middle age without local language and local employment experience. This means that the greater majority of the elderly Somalis are dependent on social security payments for their incomes. The civil war in Somalia resulted in major loss of their established assets and this, compounded by the costs and losses associated with becoming refugees, has left many older Somali people with minimal financial resources. Another major issue for the current group of older Somalis in Australia is the continuing impact of their traumatic pre-settlement experiences, including extensive displacement.

In Somalia family members collaboratively contribute towards the wellbeing of the family. Unfortunately many Somalis struggle to maintain this form of nuclear family, and a reason for this is that Australia’s housing stock does not accommodate for this type of cultural requirement. This has led to fragmentation of the Somali family structure, and ultimately, many elderly Somali migrants begin feeling extremely lonely and isolated.

Older Somali people complained that their role as decision makers and advisers within the family organisation has been severely diminished. In Australia their source of wisdom and experience gradually become irrelevant. Younger adults and children begin to learn English, and adjust more quickly to Australian life, and seniors become
more dependent on them for basic practical tasks. Sometimes this dependency on children proves futile as it limits their access to information, and services, due to the children being busy with running their own lives, in a new country and not always available to help their elderly family members.\textsuperscript{103}

Many elderly Somali men and women are beginning to have grave concerns regarding their ‘Somali identity’, due to an underlying fear of anti-Muslim feeling that has emerged in Australian society. This is making them vulnerable to alleged discrimination, racism and social exclusion. There are frequent reports of harassment of women wearing the ‘Hejab’. This has meant that many older Somali women for fear of being teased or humiliated if they go outside allegedly feel ‘trapped in their houses’.

Somalian culture, has always had a strong verbal tradition, and is characterised around large groups of people, and extended families living together. The fragmentation of the Somali community resulting from separate housing, and geographic distances between members of the community has limited mobility, and restricted this form of verbal networking. This has led to the reduced possibility of support from the extended family and community. Many Somali elderly have identified social isolation as one of their primary worries. In their country of origin an elderly person was the responsibility of the community, unlike in Australia where the government takes the ultimate responsibility for the community.

There is also a deep sense of grief for members of their family who were lost or killed through the years of political unrest in Somalia.

\textsuperscript{103} Marshall, N & Abdirahman, M, M 1998, \textit{A brief Account of Somalis and Somalia}, North Eastern Region Migrant Resource Centre
Thematic analyses of the data obtained from focus groups and interviews with the Somali elderly, medical practitioners, support workers, leaders from the Somali community, and local general practitioners, reveal the following themes, trends, and patterns: lack of knowledge of the English language adversely resulting in not being able to access information regarding health and wellbeing services; lack of culturally appropriate housing; financial difficulties; dependence on family members; feeling of isolation; loss of identity; and social isolation.

In summarising the findings as demonstrated above, their inability to speak and write in English limits their understanding of ‘Western’ values, and for most elderly Somalis who have inherited a verbal language background, the importance of the written language creates complexities in learning ‘English’. As such many elderly Somalis, especially older women, have low literacy levels, and do not see the importance of learning English as vital to their role as mother or wife, preferring to depend on their children to assist with their needs of communication, when dealing with service providers and government authorities. This is the primary contributing barrier that precludes the Somali elderly from accessing health and wellbeing services.

**Feedback Assyrian Chaldean community**

The Assyrian Chaldeans left Iraq due to many years of persecution under a Muslim government led by the political tyrant Saddam Hussein. They first arrived in Australia in the 1970s, followed by two migration waves, in 1990, and 2003, when Saddam Hussein’s regime eventually collapsed.  

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It is interesting to observe from the findings of the data that similar patterns, and trends, in settlement barriers are faced by both older Assyrian Chaldeans and Somalis. These include: lack of English language skills, strong dependency on family and religious community to support their day-to-day needs, revisiting past memories of trauma and torture, social isolation, and reluctance to make use of available health care assistance.

The Assyrian Chaldean elderly recognised that the lack of connection to the rest of the community was significant, and a risk of social isolation existed if it were not fixed. Their settlement in the new country, Australia however was not conducive to their wellbeing, and only increased isolation.

‘It is hard for me to be happy because I am so worried about my family in Iraq...I fear for their life...and I am always praying to God that they will be alright.’

There were concerns regarding the disadvantages of migration at an older age and having to commence a new life with no networks, and no financial resources. The lack of financial resources to pay for: housing, utilities, transport, groceries, food and medical expenses left them extremely vulnerable.

Lack of competency in English always proved to be a major disadvantage. It made accessing mainstream services independently almost impossible. They were dependent for assistance from family, or community members fluent in English, and familiar with the Australian system to assist with banking, paying of bills, negotiating health benefits, and processing Centrelink payments. In Iraq the church has always

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105 A female Assyrian Chaldean focus group participant
played a significant role in supporting their elderly people, and assisted them with advice and practical assistance, in times of need.

The older women of the Assyrian Chaldean community (who have lived most of their lives in Iraq under a Muslim regime) were discovered to have lost a great deal of self confidence. This was due to being forced to wear the ‘Hejab’ in public places despite being non-Muslim. Women in Iraq who belonged to the minority communities like the Assyrian Chaldeans were not exempt, from the strict ‘Sharia’ or Muslim laws which prevailed there.

“Our experiences, prior to their arrival In Australia, as a minority group was harsh, and consisted of brutal treatment from the Iraqi government, which led to continued paranoia and mistrust of governments, and a reluctance to divulge our problems and needs to any official authority”\textsuperscript{106}.

“Most of us arrived in Australia as refugees or under the humanitarian program; we suffer severe loss of family members; escaping from the country we experienced torture and trauma and suffered more physical and mental illness”.\textsuperscript{107}

The priorities of recently arrived older people include housing, linking up with the Assyrian Chaldean church, and a need to learn how to survive in a new country. As such they have limited opportunities to access services that may be available for older people.

\textsuperscript{106} A female focus group participant
\textsuperscript{107} A female elderly focus group participant
Most Assyrian Chaldean families recognise the importance of the family responsibility for the caring of older people. However, it was reported by focus group participants that older people experience a deep sense of shame in being a burden to their children, even though they could not speak English, and so were dependent on them for their support.

This occasionally has led to conflict within the family, especially in cases where daughters-in-law were reluctant to follow the traditional practice of having to provide care for their husband’s elderly parents, as was customary in Iraq. It was also reported that the reliance placed by older people on their children, who were themselves busy struggling to survive economically and socially in Australia, has at times led to dissent and family conflict.

After analysing data obtained from various focus groups and conducting interviews with elderly participants, support workers, general practitioners, and allied health workers, some common trends, patterns, and themes, seem to have emerged. They are: limitations in English; social isolation; dependency on children and community members; dependency on church; inability to negotiate and deal with government offices, dependency on family for banking and payment; lack of concept of the Australian government system; re-visiting past experiences of trauma and torture; reluctance to access services due to settlement priorities; and reluctance to seek health care due to it not being a priority.

All of these issues have been identified by Assyrian Chaldean elderly participants and are the barriers that preclude their access to health and wellbeing services.
2. What are the current health and wellbeing services that are culturally appropriate to the needs of the Somali and Assyrian Chaldean elderly communities?

In order to provide a pragmatic understanding of current health and wellbeing services appropriate to the needs of these communities, there are two factors that really stand out as crucial for older Assyrian Chaldean, and Somali focus group and interview participants.

In order to determine the current health and wellbeing service requirement of elderly Somalis and Assyrian Chaldeans, it is vital to identify from the data analysed what issues, concerns and service requirements were raised in focus groups and interviews by these elderly communities.

The trends, themes, and patterns identified from data analysed from focus groups and interviews with the Somali elderly participants include: inadequate social support models of services; lack of bilingual support workers; due to better living conditions in Somalia such as housing and family support, focus group participants were of the opinion that their health seemed better in Somalia; dependency on children; transport requirements; current services not culturally appropriate; and resistance to accessing services until health problems are critical.
Somali focus group participants lived in the northern suburbs and predominantly across the local government areas of Banyule, Darebin and Whittlesea. The health and wellbeing of the Somali community have been investigated under a gender-specific lens. However, a common theme emerged with focus group participants, and interviewees, from the Somali community: men and women, consider themselves as ‘old’ at a much younger age than do the mainstream community. Contributing factors include their being obliged to acquire adult responsibilities much earlier.

‘In Somalia women get children early and take care of the elderly, and their family, and become grandparents early and take care of our grandchildren too’.  

It is not uncommon for a Somali man or woman to be a grandparent when they are in their early 40s as a result of getting married in their teens and early 20s. The experiences of teenage parenting, war trauma, and traditional family roles, meant that they were perceived by the Somali community as ‘elders’ at a much younger age. All these experiences have played a pivotal role in accelerating their ageing process.

A focus group participant stated that:

Older Somali people get old quickly in Australia as we get ‘Western diseases’ as many Somalis suffer from high cholesterol, heart disease, arthritis and diabetes.

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108 Somali female focus group participant 45+
Specific concerns regarding Somali elderly men were raised by community welfare workers who interviewed them. Their limited capacity to gain employment because of language barriers, and lack of recognition of their qualifications, has frequently led to isolation and wide-ranging depression.

‘Arriving as an older person in Australia our basic needs were met but not our social needs. We have integrated into the society but we don’t work... we don’t go to school...it is very difficult ’.110

Information obtained by a Somali focus group member revealed that the inappropriate living conditions of public housing that elderly Somalis are resigned to is often due to the religious and cultural rules that forbid them from acquiring bank loans and mortgages.

Life in Somalia pre their diaspora was very healthy, and they lived in large homes, enjoyed sea air, and ate fresh food, resulting in their health being far better than that of most of elderly people in Australia. Living in Melbourne, very often in high rise accommodation, within a largely non-Muslim community, has meant that they have become generally less active and move about within the neighbourhood far less frequently than they would have in Somalia. I believe that this could be the contributing factor for the elderly Somali community seeing an increased incidence in diseases such as high cholesterol, heart disease, arthritis, and diabetes. This was affirmed by the general practitioners interviewed who have worked closely with the Somali community, and reported evidence of a lack of Vitamin D, and obesity.

109 Somali female focus group participant 75 years
110 A Somali elderly male focus group participant reported
leading to serious long term health concerns, including osteoporosis amongst elderly Somalis.

The Somali women felt that due to their recent traumas associated with the Somali war, they required social activities to make them forget their sadness in their lives.

‘After coming to Australia I am always busy looking after my family….sometimes I feel so sad when I think of what happened...to my husband and brothers...I don’t know whether I will see them again…I need to change my mind and go out of the house to forget these things.’

Interviews held with local health workers working with elderly Somalis indicated that Somalis were concerned about the fact that their eating patterns in Australia were having a detrimental effect on their health. The costs of fish was so high, and often they had no other option but to compromise their health, due to costs that cannot be absorbed by their meagre pensions, and ate more red meat, and were concerned this could create an increased health risk.

‘In Mogadishu we eat more fish but in Australia we cannot afford to buy all the time because it is very costly and we have too many bills to pay for other things.’

Services were a major concern for the elderly. They were dependent on their family to assist them. Many of the men are frail and even though they are not respondents of council ageing services, use walking sticks and frames to move around, and are

\[111\] A Somali female focus group participant
\[112\] A Somali focus group male participant
afraid to get on public transport due to their failing health, and language issues. The women find it difficult to access public transport due to the fact, that there are no considerations for women-only transport services.

‘I am scared to travel by bus because I am old and can’t speak Australian language and my children are too busy to come with me…. so I stay at home’.¹¹³

Activities that Somali focus groups participants identified as culturally appropriate to their health and wellbeing needs included: HACC (Home and Community Care) group activities such as social support and planned activity groups run by bilingual workers. This gives them an opportunity to meet others from the Somali community and helps foster pathways for further social connections. This also has significant impact in eliminating and reducing feelings of social isolation, and provides increased access to information and knowledge regarding aged care services, and other health services. They also participate in healthy activities, like swimming and yoga, when specifically allocated for women only. The group activities also give women an opportunity to pray together, discuss the Quran, and talk about common issues affecting their community.

A Somali focus group participant who attends weekly group activities run by Spectrum Migrant Resource Centre reported:

¹¹³ A Somali women’s focus group participant
‘We celebrate Ramadan and go on group excursions, which give us an opportunity to enjoy the historical and botanical beauty of our new home country’.\textsuperscript{114}

Focus group participants indicated that excursions increased their knowledge of the Australian environment, and indirectly created links to mainstream services, like local councils, health centres and local hospitals. The women complained that there were limited programs funded, that were appropriate to their ageing needs, and that even though they had raised concerns regarding more sustainable group-based programs, there was no response by the government. They advised that the programs run by Spectrum Migrant Resource Centre in the North for the Somali women, were good examples of a culturally appropriate service response.

For those whose needs had increased and who were struggling with no carer support, and were frail, the planned activity model of low level day care was very attractive, and could go a long way to meet the needs of the Somali community. However they felt it would be critical to engage Somali bilingual workers whom they could communicate with, and make provision for halal meals for Somali elderly as per their religious doctrine.

Similar patterns and themes were identified for elderly Somali men with regard to services that matched their needs. In addition, they felt that some of them were capable of working along with local councils, and service providers, to improve services for the Somali community, and wanted to be considered for employment along those lines. They also identified that the provision of meeting weekly in a

\textsuperscript{114} A Somali female participant
room provided by a local council was a good pathway for Somali men to come together to reduce their social isolation and loss of identity. The Somali men identified health activities operated by local council leisure facilities as appropriate to their needs. But unfortunately high costs associated with their membership, did not enable them to access these services. Most of the Somali focus group members live on the aged pension and struggle to pay their bills. However, living with the extended family assisted in managing finances. ‘We like to go to the gym to exercise and swim but we have to pay too much and we cannot afford the costs with our aged pension from Centrelink’.115

Both Somali women and men access local hospitals, health centres, or local general practitioners with whom they are familiar, but only access such support when they have become severely ill. In some cases there was a reluctance to see a doctor, especially because of their limitations of language, and their inherent fear of western medication. In the case of the older women, it is necessary to provide only female medical practitioners, or allied health workers.

‘When I go to the health centre there is no separate room and I have to wait with men too until my appointment and I am not comfortable...and I don’t know what they talk about my treatment because I don’t understand’.116

The Somali community as mentioned earlier in this chapter only access services as a last resort when their family is unable to support them due to the seriousness of the situation. Other HACC services such as home care, personal care, and respite are

115 A Somali women’s focus group participant
116 A Somali women’s focus group participant
also always a last stop. It is considered a shame culturally for the community to allow their elderly parents to be looked after by outsiders. Council services such as meals-on-wheels are not suitable to most Somali older people as they are not appropriate to their cultural and religious beliefs.

Similar themes, trends, and patterns are identified, and differences highlighted, for both the Somali and Assyrian Chaldean communities. They are: evidence of common diseases such as diabetes and heart trouble; trauma associated with past memories of war and social chaos; dependence on family arrangements; lack of knowledge of the service system; need for culturally specific models of social support and low-care planned activity groups; recruitment of bilingual support workers, allied staff and medical practitioners; transport requirements; and reluctance to accept non-family-based services.

**Feedback Assyrian Chaldean community**

The Assyrian Chaldean population are dispersed across the northern suburbs, and have settled in the local government areas of Hume, Moreland, and Whittlesea as reported in the 2006 census data.

The thematic analyses of the data findings and the response regarding the current health and wellbeing services that are culturally appropriate to the needs of these communities, necessitates a study of their current concerns, and issues relating to their health and wellbeing.

The Assyrian Chaldean community, like the Somalis, expressed their desire to forget the past. They desired to replacing their oppressive pre migration experiences with
positive experiences. The continuing conflicts in their countries of origin create ongoing concern for relatives who are left there, and continue to provoke old memories. The frequent revisiting of trauma leads to depression and mental instability.

'It is hard for me to be happy because I am so worried about my family in Iraq...I fear for their life...and I am always praying to God that they will be alright'.

In order to get a better understanding of local services, the Assyrian Chaldeans want to integrate into local mainstream health promotion activities, build improved understanding of the local environment, and through this pathway prevent the more rapid onset of chronic diseases, and maintain mental health.

A local general practitioner working closely with the Assyrian Chaldean elderly identified significant numbers of elderly Assyrian Chaldeans with heart conditions, and diabetes.

However, he was informed that the elderly members of the community did not seem to want to access medical assistance for the management of these diseases.

Assyrian Chaldean focus groups and interview participants indicated that they lacked knowledge of the health system in Australia, and recommended that health services should do more promotional work to enhance their knowledge of services. They also stated that service providers should engage with the community to identify their actual needs.

117 A female Assyrian Chaldean focus group participant
‘In Australia we are not aware of what health services are available for us and we have to depend on our children or our community members to help us.... but they are busy too... and we don’t want to be a burden to them’.\textsuperscript{118}

The fear of government departments was embedded so deeply in them that they were scared to go to hospitals for treatment. There was a need for bilingual support workers, medical practitioners, and allied health staff.

‘We are scared to speak to anyone from the government department and complain because they may get angry and we may get into trouble’.\textsuperscript{119}

The Assyrian Chaldean community identified a need for more social activities. They felt that group activities provided a pathway for socialisation, and helped them keep in touch with local events, and information about changes that impacted on them. They identified that an increase in group activities, would give them an opportunity to improve their health and social wellbeing, and keep them connected to the community. Preferred activities were exercise, swimming, traditional dancing, English language classes, outings and community cultural events.

Oral health was a common concern, and dental treatment was raised as an issue for many participants. They identified a lack of preventive services, including regular check-ups, and affordable treatment. They complained that there were long waiting times during which they experienced severe pain, and infections.

\textsuperscript{118} Female focus group member
\textsuperscript{119} Focus group members
‘My grandson called the hospital and told them that I was sick and suffering with too much pain but they said we have to wait. Why the government does not give us information about how to take care of our teeth and give us more appointments earlier ....so we don’t suffer?’

They discussed the issues of local hospitals, and the long waiting list for basic treatment and the lack of priority system for the elderly.

In view of the analysed data and issues identified by elderly Assyrian Chaldeans, what stands out as crucial to their health and wellbeing needs, is the engagement of bilingual workers, medical professionals, and allied staff, to provide services to these elderly members.

The Home and Community Care HACC models of group-based activities including, planned activity groups, social support, and day respite services, are very appropriate to what has been indicated as a requirement to improve the social and mental wellbeing of the Assyrian Chaldean elderly.

The current health system could be appropriate to their needs, if it recognised the importance of promoting healthy ageing by engaging the expertise of bilingual staff from multicultural organisations like Migrant Resource Centres, and ethnic services that already have established trusts with these communities. This will fulfil the requirement to provide a better understanding of their health and well being needs, and offer services that respond effectively to the health and well being needs of these elderly migrants.

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120 Assyrian Chaldean female focus group participant
The Assyrian Chaldean elderly do not access HACC services primarily, because they are not aware of them. A similar pattern is seen with the Somali elderly. Secondly there is the issue of feeling ashamed to accept services from outsiders, when they have family to support their needs. The exception to this is those elderly who have lost family and have very limited connections with others, and are in need of the following HACC services: home care, personal care, respite services, and centre-based group activities. However, this will only be successful if bilingual workers are recruited to provide services.

There was also a deep resentment to some local councils response to their ageing needs. They felt council authorities treated them as second-class citizens, and did not indicate an interest in working with these communities directly to improve services. They were keen to partner with ethnic and multicultural agencies that they had established trust with, to ensure health and wellbeing services were culturally appropriate to their health and wellbeing needs.

3. **Do these communities have knowledge of health and wellbeing services?**

The thematic analyses and concluding results of data investigated from focus groups and interviews held with the Somali and Assyrian Chaldean elderly, highlighted limited knowledge of the existence of health and wellbeing services. A common theme in both the target communities was that both communities’ primary challenge to access information were due to their limitations of the English language.
Reasons for limited knowledge of services were: language barriers which prevented access to knowledge of services; limited verbal information from service providers; dependency on family who played a major role in raising awareness of services; and fear of government authorities- ‘the big brother syndrome’.

Feedback Somali community

Information gathered from focus groups and interviews concluded that Somali elderly men seemed more aware of services in comparison to Somali elderly women. The reasons for this as reported by focus group participants was that in Somalia a male child had better opportunities of education than a female child.

‘In the Somali culture men are educated, and women not encouraged to participate in formal education and must learn all the house work’.121

However, my own working knowledge of the Somali community indicates that many elderly Somali men are not fluent in English, and do not have a sound knowledge of health and wellbeing services due to language barriers..

‘They depend on their children and grandchildren to access services, and are often supported by members of the community to attend appointments and pay bills’.122

121 A Somali female focus group participant
122 A Somali Social Worker reported
Focus groups and interviews held with Somali support workers highlighted the fact that Somali elderly members have limited knowledge of HACC services, and aged care service providers.

Feedback from focus groups and interviews attribute this to insufficient promotion of HACC services to the communities, and the lack of information provided to these communities regarding aged care services. They also pointed out that bilingual workers recruited from the community, often had limited knowledge of HACC services. Suggestions were made by Somali support workers interviewed that information regarding services should be targeted at the families of these communities, as this would be a more effective way of providing critical information to these elderly members.

‘Information regarding services should be given to the family as they will make their elderly person understand…and they will listen to them more….they will trust them’.123

A Somali religious leader interviewed reported that some elderly members of the community, who were educated and were aware of services, did not share this support with other non-educated elderly community members. He indicated that they believed it was the duty of the Australian government to ensure that information was provided to the Somali community. He also stated that often due to shame associated with accessing government services this information was not dispersed to people outside the immediate family.

123 Somali community welfare worker
‘In Australia we feel ashamed to ask for help from the government...as it will spoil my family's name in the community... and ... people will talk that my children do not look after me’.124

Somali focus group members identified perception amongst community members that the government only recruited English-speaking workers. This was a deterrent for elderly people accessing information, and created a lack of interest in finding out more about health and wellbeing services. They also reported reluctance, and fear of dealing with people from the mainstream services, as they believed that their staff lacked an understanding of the Somali culture, its strengths and limitations.

‘I am scared to pick the telephone up when I am alone at home because my children have gone to work, I don’t understand what they are saying’.125

A Somali interviewee advised that it was also normal practice for members of the community to share information regarding aged care services with others in the community through word of mouth. She also alluded to the fact that the Somali community had a verbal culture, and as such information is disseminated through conversations with other elders when the community meets either at the weekly visit to the mosque, or when there are community events. The Interviewee stated -

“Somali men and women are of the opinion that the community is not familiar with aged care services, and costs involved in accessing services”.126

124 Somali female focus group participant
125 Somali female elderly focus group participant
126 A Somali male focus group participant
It was also identified by elderly male focus group participants that some local council aged care service providers failed to provide appropriate information regarding their rights, entitlements, local resources, and information about health and other matters. They identified that access to accurate and appropriate information about services, and resources was critical during their settlement period. Unfortunately very little information was provided regarding services on offer. They specified that especially on arrival, no information was provided verbally to them regarding aged care services for elderly migrants.

‘When I arrived in Australia only in the beginning the government gave us a temporary home... but after few days they started looking for another house no one told us anything about Australian services...we had no help and we were waiting for our children to help us’.  

Interviews held with general practitioners working with elderly participants raised concerns that many elderly members is due to past experiences of trauma, grief, and loss, were vulnerable to mental instability. However there was very limited support provided on arrival, and no follow-up assistance was provided to manage their psychiatric needs in a new country with limitations of language, and knowledge of basic Australian service systems.

Interviews with community welfare workers indicated that group- based activities run by multicultural agencies like Migrant Resource Centres, were suitable to the needs of these elderly members. The engagement of bilingual workers, who spoke their language, and understood their religious and cultural requirements created an

127 A male focus group participant
informative pathway for these elderly participants to access knowledge of health and well being services.

I like to come to the MRC where I do yoga with my community members and when we finish we all pray together. I look forward to this every Friday and wait for the MRC bus to pick me up'.

The thematic analyses of the data collected from focus groups and interviews with both the elderly Somali, and the Assyrian Chaldean communities indicated some similar themes, trends and patterns,. They were: lack of English language comprehension which prevents access to information; limited provision of verbal information by service providers; the role of family playing a major role in providing information; the need for recruitment of bilingual workers; and group-based culturally appropriate activities being an effective pathway in providing information through bilingual support workers.

However where they differed was no gender-specific service requirements were desired by the Assyrian Chaldean community.

**Feedback Assyrian Chaldean community**

Information gathered from focus groups and interviews in response to the investigation of the Assyrian Chaldean community’s knowledge of health and wellbeing services, highlight significant challenges for the elderly members. The lack of English is a critical barrier for the Assyrian Chaldeans to access information, regarding health and wellbeing services. This creates a dependency on service

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128 Somali female focus group member
providers, family and government to enable them to empower themselves with vital information for their health and wellbeing, as they continue to age.

Focus group participants and interviewees advised that in order to acquire a fundamental understanding of whether the Assyrian Chaldean elderly have knowledge of health and wellbeing services, it was critical to ascertain what were their issues, concerns and requirements when accessing health and wellbeing services.

A community welfare worker from the Assyrian Chaldean community indicated that for older Assyrian Chaldeans their lack of fluency in English made accessing mainstream services challenging, and created a dependency on family for information and knowledge of services. She indicated that often this was detrimental to their best interest as families were busy working, and did not have the time to find out information required to support their ageing needs.

‘I do not want to trouble my children because they are too busy but I do not speak English and I need to know where to go for help…. sometimes it is very difficult.’

A religious leader from the community who was interviewed reported that past experiences with suppression, and brutal treatment from government authorities has led to a fear of accessing government support for information on services for their health and well being needs.

\[129\] Assyrian female focus group participant
An Assyrian Chaldean community welfare worker interviewed reported that there was resistance to seek support and advice due to privacy needs within the community, and a perception that personal information would be available to others in the community.

‘It is also important for information regarding services to be provided to the community members by bilingual support staff, who share the same language and culture, and the community feel comfortable to ask questions, and seek answers from’.130

Focus group participants indicated that in order to increase the knowledge of the Assyrian Chaldean elderly to navigate the service system, it was important for mainstream services to take a partnership approach with multicultural and ethnic agencies, who they had established trust with, to share information and knowledge regarding health and wellbeing services.

Interviewees conducted with community welfare workers confirmed that the Assyrian Chaldean elderly had limited knowledge of formal HACC services, and often received information through social support activities, where they met other members of their community. A social support focus group participant indicated:

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130 Assyrian Chaldean community welfare worker interviewed
‘I found new friends in the group program and we can meet every week ...we are so happy we take part in swimming and we have lunch together after that...and we sing church songs like hymns and we forget all our troubles’.\textsuperscript{131}

She reiterated that the role of the Assyrian Chaldean facilitator was critical to support their language and cultural requirements, and participate in activities, as most of these women had never made decisions for themselves and were reliant on their families.

‘We need a support worker to help us with the group activities as we cannot manage on our own as we don’t speak English... and we need her help to assist us’.\textsuperscript{132}

Focus group participants stated that the Community Partners Program funded by the Department of Health and Ageing, and run by the Spectrum Migrant Resource Centre was a project that was very helpful to them. It created opportunities for them to know about diverse mainstream aged care service providers. One of the focus group participants highlighted that with one of the project’s activities included the organisation of a bus trip to familiarise them with local aged care service providers. She stated that this provided an opportunity to gain information regarding health and well being services, with the assistance of an Assyrian Chaldean facilitator, who interpreted and assisted them to gain an understanding of the available ageing services.

\textsuperscript{131} A female social support focus group participant
\textsuperscript{132} A female focus group participant
The focus group participants indicated that for older Assyrian Chaldeans who were not linked into services, it was very challenging to access information on their own due to a lack of knowledge of the type of services, and service providers. Their families lack of knowledge of services further disadvantaged them in learning about services available for their ageing needs.

4. **How do elderly Assyrian Chaldeans and Somalis navigate the current service system?**

Information gathered from focus groups, and interviews with Somalis and Assyrian elderly, community leaders, bilingual support workers, religious leaders, local general practitioners and allied staff, identified similar evidential themes, patterns and trends in how these two communities navigated the current service system.

They were: dependence on family and community to navigate the aged care service system; and social support models being a pathway to information regarding services.

‘In Somalia the family and my community assist me with my daily needs and help me attend appointments…I can also help myself but I will not be allowed because the community will shame my children…in Australia I cannot go to pay a bill because I cannot speak English…and I have to wait for someone to take me…or do it for me’.133

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133 A Somali female participant


**Feedback Somali community**

Somali women from focus groups indicated that due to their religious, cultural, and language barriers they were totally dependent on family, to assist them to access services. However they were reluctant to access services, unless it was absolutely necessary. Their religious beliefs and practices of praying numerous times in the day, and supporting their children either with caring for their grandchildren, or helping with household chores, kept them totally occupied.

Their primary focus was to assist their families, and as such their ageing needs were secondary to their family needs.

‘In Somali culture our main job is to pray and then to look after family and they will take care of my needs ...it is the duty of the younger generation to take care of the old people…and if you have no one then the community must take care’.¹³⁴

Focus group members affirmed that it was impossible for them culturally to access services on their own due to language, and religious barriers. In addition having to use public transport deterred access, and forced them to increase dependence on family, community and service providers for access to services. However focus group members affirmed that they were assisted by family members or people from the community who interpreted for them, and were familiar with their cultural and religious requirements.

¹³⁴ A female focus group member
A Somali religious leader interviewed stated that older people in the Somali culture very rarely left home by themselves, unless it was to visit a neighbour. However, for issues such as housing etc. they were accompanied by their family or community members to attend official appointments. He reported that elderly members hoped that they would never have to be put into residential care, and could live with their children and grandchildren and other members of the community until they died. They believed that the western concept of care was not familiar to their cultural tradition, and that community, and family supported elderly Somalis’ access to health and wellbeing services.

A social worker interviewed said that some Somali men were quite proficient in speaking, and writing English, and had no problems navigating the service system. They accessed health care when required, and the men were comfortable with interpreters. However due to clan issues, sometimes this posed a challenge for them. There was very limited English language fluency amongst Somali elderly women for reasons mentioned earlier.

On the other hand, a community welfare worker interviewed with close links to the community stated that Somali men liked to attend men’s social group activities, and enjoyed networking with other men from the community to socialise, discuss the political situation in Somalia, and share stories. They also wanted to access healthy ageing activities like swimming, and exercise programs organised by local government leisure centres but due to costs associated with these activities they were often not able to afford these programs.
‘In Somalia old people can walk a lot and go and visit family and also can swim in the sea but in Australia we are afraid to walk too far from our home...we want to join the gym and also go swimming but it is too costly and government does not help us even though we are old ... I miss Somalia but I cannot go back’.135

Feedback Assyrian Chaldean community

Interviews conducted with Assyrian Chaldean welfare support workers identified that Assyrian Chaldean women were very dependent on a support worker to assist them to navigate the service system. This was also confirmed by Assyrian Chaldean focus group participants who highlighted that it was critical for them to have a bilingual facilitator to navigate the service system as with the requirements of the Somali elderly. The role of the family and community was identified by members as a significant link to access information and services for both these communities and their ageing needs. As such there was a dependency on family, and friends.

‘We are so grateful that we have a support worker and she understands my culture and language... she also helps us with information about services and we are very happy to attend the program with all the women once a week’.136

An interview held with an Assyrian Chaldean church leader indicated that due to the fact that the Assyrian Chaldeans have no cultural restrictions that inhibit or prevent them utilising public transport, the Assyrian Chaldean elderly were able to move around freely. However the majority of elderly members from the community due to

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135 A male focus group participant
136 Assyrian Chaldean female focus group participant, SMRC social support group
issues with English, or health conditions, required transport to get to services, and often community members provided support, in dropping and picking elderly members for appointments.

Assyrian Chaldean focus group participants advised that they were afraid of hospitals due to language and cultural differences. They reported that many Assyrian Chaldean elderly, had limited information regarding the health care system, and required support from general practitioners from their community who spoke the same language and provided support to access medical services. They also highlighted the role of the church and drew attention to the fact that the church plays a significant role in advocating for and helping elderly members from Assyrian Chaldean community to access mainstream health and wellbeing services.

‘I am all alone in Australia because my husband died and my children live separate and I don't speak English ...but thanks God ...the church helps me with everything...church members help me to pay bills and take me to the doctor if I am sick ...I am so lucky’. 137

**Conclusion**

In conclusion the findings of data analysed from the Assyrian Chaldean and Somali elderly communities through a thematic approach indicate that there are differences in religion and culture, and their unique refugee experiences. However similar themes, trends and patterns emerge from the data analysed. They are: the pivotal role of family, friends, and community in assisting these elderly members to access

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137 A female Somali focus group participant
services; a reluctance to accept services unless it is required; need for bilingual workers; community support; fear of people in authority; need for established trust; and language issues being a major barrier in accessing services and navigating the service system.

The strategy of engaging bilingual staff to facilitate focus group discussions proved very successful, as it created an atmosphere of trust for the elderly members to participate in without fear. The established relationships between focus group participants and the facilitator, and opened up a pathway of informal support for future information sharing, and support, to access services.
Chapter - 4

Discussion of Research Findings

Introduction

In this chapter I discuss the results of my investigation of literature available on two elderly communities: the Assyrian Chaldeans, and the Somalis.

Due to limitations of previous formal research available on these two communities in Victoria, a review included an Australia-wide scoping of literature available on small and emerging refugee communities. The rationale for this is supported by my own working knowledge of small and emerging communities, and that even though each community is unique to their own refugee experience, they share commonalities in culture, traditions and values.

Discussion

Multiculturalism

In order to gain an understanding of what are the barriers for small and emerging communities like the elderly Assyrian Chaldeans and Somalis, when accessing health and welfare services, it is important to gain an understanding of multiculturalism in Australia.
My own settlement experience leads me to believe that for most migrants, their settlement experiences are often influenced by the multicultural policies and practices of the country. The Parliament of Australia’s research paper (Koleth, 2010), stated that ‘multiculturalism in Australia commenced in the 1970s, and has been a much debated subject.\textsuperscript{138} The original policy has changed numerous times due to changes in federal governments, and their ministerial priorities, and reports that currently Australian States and Territories include multiculturalism in their policies and programs’ Koleth (2010, p.6). The report claims that due to the threat of global terrorism ‘multiculturalism’ is viewed critically both in the public and political arena, and advises of a shift in its consideration as an important requirement of Australian society today. This could be perceived as a fundamental reason why Australia’s health and welfare services do not provide adequate consideration for its ageing migrant population. As reported in my ‘Findings’, the Assyrian Chaldean and Somali elderly focus group participants were underrepresented as recipients of State, Federal, and local government health and welfare services, due to current services not responding to their cultural requirements.

It is interesting to note that Australia’s current multicultural policy of 2011, led by the Australian Multicultural Advisory Council’s recommendation to government in 2010, highlights the importance of government services to respond to the needs of culturally diverse communities, and ensure a commitment to an access and equity framework. In the context of the ‘Findings’ of my research on the two elderly target communities, it endorses the recommendations of a critical requirement for the Australian service sector to provide culturally appropriate health and welfare services,

\textsuperscript{138} Koleth, E, 2010, Multiculturalism: a review of Australian policy statements and recent debates in Australia and overseas, Department of Parliamentary Services, Paper No.6, Australia
and to ensure access and equity for all service users. However, the Home and Community Care funding stream have launched a new strategy ‘Diversity Planning and Practice’ to commence from 2012 which takes a holistic approach to HACC service delivery and recognises CALD needs as one of the special needs groups along with, Aboriginal and Torres Strait Islanders, people with dementia, people living in rural and remote areas, and people who are financially disadvantaged and homeless. Could this be perceived as a risk that the growing needs of culturally and linguistically diverse communities may be overlooked under a diversity planning lens?

A symposium was held by the Victorian Multicultural Commission in collaboration with the Department of Human Services, to explore service providers response to a whole of community model of intervention, and promote acculturation, as opposed to customisation for CALD communities. The aim was to investigate the relationship between acculturation and health outcomes among migrant communities, and under its framework to address cultural and linguistically diverse specific requirements for CALD users.\(^\text{139}\)

The outcomes of the symposium recommended further investigation as concerns were raised with regard to the limitations of a ‘whole of community approach’ and its failure to address the requirement of ‘customising services’ to meet the diverse requirement of CALD clients.

A primary reason for CALD communities being under-represented as service users is a lack of knowledge about services, and because current services are not tailor made

to meet their language and cultural needs. The research findings, demonstrate that
governments should ensure that its service provision caters for the consideration of
customising of services for CALD communities. It is also critical for government
bodies to be aware that the danger of promoting ‘integrated services’ will create
barriers for small and emerging communities to access services and as a result
marginalise them as HACC service users. Early intervention through culturally
appropriate responses will reduce the financial burden of governments, and will
prevent an increase of elderly CALD users requiring services due to a breakdown in
health.

The feedback provided by focus group participants, and interviews held with
members of the community indicate that elderly Somalis and Assyrian Chaldeans will
find it challenging if services are not culturally and linguistically appropriate to their
understanding and would refrain from accessing such services. It is now common
knowledge amongst ethnic and multicultural service providers that the Australian
Bureau of Statistics, and government figures, are not truly indicative of service
requirements, as many migrant community members are not represented in the
numbers.
Human Rights

The Australian Human Rights Commission launched a project in 2008, entitled ‘Making a Difference, Social Inclusion for New and Emerging Communities’, to investigate issues confronting African Australians during their settlement process, and integration into the broader community\(^{140}\).

The primary aim of the project was to increase social inclusion, and reduce discrimination against Australian Muslims with a special focus on African women and youth, and to prevent the risk of radicalism developing in Australia. It is reported that the negative media and public discussion that followed from this project created a need to address the issues of fear and alienation amongst African communities from a human rights prospective. As such in partnership with Red Cross, Department of Health (Commonwealth), and the Adult Multicultural Education Services, the project considered the issues of social inclusion and human rights of Africans.

The recommendation of the project included the need for government policies (both state and federal) to respond appropriately to the needs of migrants arriving in Australia. This was also recommended by participants of my research study, in the ‘Findings’ chapter, and was reiterated by the members of the Australian African Human Rights Project.

The report highlighted needs that were intrinsic to other newly arrived migrants like the Assyrian Chaldeans and the Somalis such as a requirement to increase cross-cultural training for intake staff, to increase knowledge of African culture, to ensure

that newly arrived migrants were given a fair go in public sector recruitment, and that government policy and practices addressed barriers of literacy.

Australian Multicultural Policy of 2011 reports on migrant arrival from 1945 as follows:

Seven million people migrated to Australia, and currently one in four of Australia’s population of 22 million people were born overseas (25%) or have a parent who was and four million speak a language other than English.\textsuperscript{141}

The growing concern amongst ethnic and multicultural service providers is that in spite of such substantive evidence as indicated in the Australian Multicultural Policy of 2011, government and policymakers seem to be slow to respond to the growing needs of culturally and linguistically diverse services.\textsuperscript{142} This is informed by my own working knowledge of the sector, and conversations and discussions held with colleagues across the migrant service sector.

\textbf{Access and Equity for CALD Elderly}

The Victorian Triennial Plan for 2008 to 2011 outlines in its Home and Community Care program directions that the program requires to ensure consideration for consumers from diverse cultural backgrounds when planning for services. Projections of the population for the triennium 2008 to 2011 indicate an overarching increase of the Victorian population in the 55-64 age group followed by the 65 to 74 age group. It also states that within this cohort the type of consumers requiring services will be

\textsuperscript{141} Australian Multicultural Policy 2011, The People of Australia, p.2

\textsuperscript{142} Australia’s Multicultural Policy, 2010, \textit{The People of Australia}, p.2-5, Australia
people with disabilities, and the ageing population of CALD clients. It indicates that ‘seventy per cent of overseas born elderly are over 70 years, in comparison to others, which is sixty two per cent’.\textsuperscript{143}

The report states that no formal information is available that can be perceived as an indicator of equity of access for CALD communities, and the reason for this being that each community is so unique to their cultural background and language. For the purpose of planning it has been assumed that all ethnic groups have similar needs for HACC services. Unfortunately this does not seem the best practice approach for the government to adopt for the planning of services for the CALD elderly. The reason for this-as alluded to in my research findings, and indicated by multicultural and ethnic service providers in their empirical reports- that each community is different in their ageing requirements. The Victorian Triennial Plan (2008 to 2011) indicates that people born overseas from non-English-speaking countries were less likely to access HACC services compared to those born in Australia. The report indicated: In the age group of 70 plus for every 1000 HACC clients 275 were born in non English speaking countries, in comparison to 344 who were born in Australia.\textsuperscript{144}

However the accuracy of this statistic can be debated as there are many overseas-born elderly who do not access services at all, and, who may not be represented in these numbers.

The Ethnic Communities Council of Victoria (ECCV) in collaboration with the Health and Ageing Research unit at Monash University conducted a review of literature

\textsuperscript{143} The Victorian Triennial Plan 2008 to 2011, p. 1-26
\textsuperscript{144} The Victorian Triennial Plan 2008 to 2011, p. 1-26
available on the delivery of aged care services to CALD communities for mapping future directions in aged care service delivery. The findings of the ECCV review highlighted that there was substantial anecdotal information available by way of reports and presentations; however there was a lack of significant academic literature to review.\textsuperscript{145}

The ECCV report recommended that the anecdotal information provided by ethnic and multicultural agencies, was a valuable resource, and should be utilised by state and federal governments in planning for CALD-specific aged care services.

My working knowledge and experience of working in a culturally and linguistically diverse aged care sector, has created an awareness that the CALD specific model of services offered by ethnic and multicultural agencies is often not acknowledged, and is overlooked by government funding departments. Examples of this include successful pilot projects that have been undertaken by ethnic and multicultural agencies, and outcomes documented in reports but not utilised by government departments to inform policy and planning. Instead governments invest valuable financial resources to engage external consultants to conduct interviews with aged care CALD service providers, to seek feedback and information regarding project outcomes.

Another factor confirmed by the ECCV report and highlighted in the ‘findings’ of my research is that elderly migrants in Australia are diverse in culture, religion, in their pre settlement and post settlement experiences, age, gender, language proficiency,

\textsuperscript{145} H, Radermacher, 2008,Mainstream versus ethno-specific services: It’s not an either or, Review of Literature concerning the delivery of Community Aged Care Services to Ethnic Groups, Ethnic Communities’ Council of Victoria and partners, p.4-5, Victoria
culture and religious preferences. Focus group participants stated that there is a need for government and aged care service providers to ensure adequate consideration is made in planning aged care services, and in responding to the diverse cultural requirements of these communities. An example of diverse cultural requirements is illustrated in my ‘findings’ chapter indicating that Somali focus group participants require gender-specific services due to cultural and post war experiences. On the other hand in the case of the Assyrian Chaldean elderly there is no preference for gender-specific services. The government’s single model approach for service delivery and partnerships limits the flexibility required when responding to the needs of a diverse clientele.

The ECCV review also indicated that there was a need for government to promote a service model that lent priority to the engagement of bilingual staff, and provided funding for training and education, to ensure quality of care for CALD elderly.

The Federation of Ethnic Communities’ Councils of Australia (2008) annual report to the Department of Immigration and Citizenship (DIAC), identified that many CALD elderly experience extreme social isolation due to language issues, and require appropriate support.

The recommendations include the provision of CALD specific services for elderly citizens, in order to improve accessibility of services appropriate to their health and wellbeing needs. It also highlighted the need for the Department of Health and Ageing to develop a comprehensive strategic plan to ensure CALD appropriate services are implemented. It stated that it was necessary to educate general practitioners to provide aged care information to CALD elderly members seeking
medical intervention. It identified the importance to provide Community Aged Care Packages (CACPs) to ethno specific agencies to respond to the demands of ageing ethnic elderly communities, and to ensure funded agencies demonstrate culturally appropriate work force planning. FECCA recommends that all of the above identified strategies are intrinsic to the needs to appropriately service an ageing CALD population. Many ethnic and multicultural agencies provide culturally appropriate services as identified in FECCA's annual reporting to DIAC. However my work experience in the sector has led to the awareness that many mainstream service providers including some local councils struggle to incorporate culturally appropriate service delivery within their service planning. As a result of this, multicultural agencies and ethnic community services are the preferred providers of culturally appropriate care, resulting in long waiting lists, and unrealistic workloads for workers servicing the CALD sector. In my research ‘findings’ chapter this has been identified by both elderly Somalis and Assyrian Chaldeans, and recommendations from focus group participants include the recruitment of workers from the community by government service providers in order to bridge the gap between government and communities.\textsuperscript{146} There are however a few local government councils who have incorporated in their 10 year strategic service planning the need for culturally appropriate care to respond to the growing number of elderly members from a CALD background living in the community.

The Ethnic Communities Council of Victoria made a submission to the Productivity Commission Inquiry: Caring for Older Australians in July 2010, which was a result of

\textsuperscript{146} H, Radermacher, 2008, Mainstream versus ethno-specific services: It’s not an either or, Review of Literature concerning the delivery of Community Aged Care Services to Ethnic Groups, Ethnic Communities’ Council of Victoria and partners, p.4-5, Victoria
research conducted by ECCV. The findings of the research highlighted that elderly migrants prefer to live at home as long as possible, and that there was great benefit for elderly migrants to be linked to ethnic and multicultural service providers.

The ECCV recommends a shift in governments thinking on an organisational level by professionals, policymakers, and aged care workers to recognise the value of diverse cultures and ensure culturally appropriate care for individuals.

The recommendations of the ECCV report in July 2010 to the Productivity Commission Inquiry: ‘Caring for Older Australians’ is relevant to the ‘findings’ of my research conducted on the two target elderly communities. Both the Somali and Assyrian Chaldean focus group elderly participants have reiterated that it was culturally appropriate for elderly members to live at home. The report also stated that elderly Somalis opposed ‘living in nursing homes’ and considered it shameful.

In view of effectively servicing this growing population of elderly migrants ECCV has recommended that the government establish a National Cultural Diversity in Ageing Strategy and both government and service providers work closely to respond to their needs.

The ECCV report suggests that the relationship currently between government and service providers is that of a funder of programs and projects, and service providers deliver the programs and projects as per negotiated milestones. However, it recommends that it would be better if government representatives worked in partnership with service providers on programs and projects, in order to gain a good
understanding of the needs of the community, and plan future services based on this evidence.\textsuperscript{147}

A good example of the state government’s response to this issue, and the growing population of CALD elderly requiring appropriate services, was to investigate current HACC services. In 2004 the State Government of Victoria initiated a project named ‘Cultural Diversity, Ageing and HACC trends in the next 15 years’. The aim of the project was to plan for the growing population of elderly migrants from culturally and linguistically diverse backgrounds for the next fifteen years.

The finding and recommendations of this project are currently used as a benchmark for planning service delivery in Aged care by the Department of Health. Even as some of the findings and recommendations of the project report have some authentic insights as to the gaps and needs for CALD elderly, and are an invaluable resource to inform government’s policy and practice, there is still under-representation of the requirements of elderly service users such as the Somalis and the Assyrian Chaldeans.

Howe (2006) states as a result of consultations with ethnic and multicultural providers that, ‘the diversity and unique characteristics of CALD communities require that aged care services be flexible and tailor made to respond appropriately to the individual cultural needs of each Community’. This was endorsed as a fundamental requirement when planning services for the next fifteen years for a growing CALD population. Even as this can be viewed as complex, it is really not the case, as
demonstrated in the response of elderly Somalis and Assyrian Chaldean focus group participants, documented in the ‘Findings’ of my research, that the recruitment of bilingual workers sharing in language and culture, ensures that this informs HACC service provision for CALD elderly.

The report is also consistent with my research ‘Findings’ and recommends practical English language lessons to increase community participation. The ‘Findings’ of my research also reiterate the importance of consulting with ethnic and multicultural agencies for planning services for the future, as recommended by the State Government’s 2004 report on ‘Cultural Diversity, ageing and HACC trends in the next 15 years’.

Another report that substantiates the above findings is the Municipal Association of Victoria’s report ‘Seniors from Culturally and Linguistically Diverse Backgrounds’ (2008), consists of a demographic presentation of the 50 years plus Victorian population taken from the Victorian Census of 2006. It elaborates the need for an understanding of Victoria’s ageing population, made up of diverse communities speaking different languages, from various cultural backgrounds for activity, service planning, and development delivery. It indicates that there is a broad spectrum of factors that influence the ageing process for individuals.

They are: cultural background, spoken language, comprehension of English, migration experiences, living arrangement, health and well-being, socio economic and family situation, and established connections with the community.148

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This affirms the concerns highlighted by both the Somali elderly and the Assyrian Chaldeans who have vocalised their reluctance to access services due to their barriers mentioned. In acknowledgement of the requirements for seniors as identified by the Municipal Association of Victoria, and the evidence of the 2006 census of ageing CALD population, serious consideration should be made when planning and delivering services for elderly migrants from culturally and linguistically diverse backgrounds.

Research conducted in 2004 funded by the Department of Human Services for the Victorian Foundation for Survivors of Torture to address the health concerns of refugees and explore strategies to respond to their needs. The project working group included agencies who worked with refugees, and documented health concerns of Humanitarian entrants. This formed the framework of the Victorian Refugee Health Strategy. The report highlighted that social and economic factors play an important role in the health and wellbeing of refugee communities, along with access to mental and physical wellbeing services. This was illustrated by Somali elderly focus group members in the ‘findings’ chapter of my research, where it was reported that Somali elderly members living in public housing estates often experienced depression due to being isolated from other members of the community. In Somalia many elderly Somalis both men and women lived in large homes in keeping with their cultural traditions of living with extended families. The elderly visited neighbours and the mosque regularly as it was usually within walking distance, and were visited by family and friends.
In Australia as a result of Office of Housing allocation, families are separated, and due to limitations in speaking English elderly members remain at home and depend on their children, grandchildren and members of their community to take them out. Another very important issue raised in the report, was that family members were separated from each other as a result of their refugee experiences. This often caused anxiety and fear in the minds of elderly members living in Australia. This impacts on their health and wellbeing as has been noted in my research findings. This has been highlighted as a concern by Somali focus group members of my research, who perceived ‘excursions’ as an critical activity for them, in order to forget about the sadness and anxiety in their heart due to their experiences of grief, loss, and trauma associated with the war in Somalia, and their time of waiting in refugee camps for Humanitarian visas to enter Australia. The DHS (2004) report recommends that the health service sector could play an important part in taking a holistic approach and addressing these social issues. It is my view that the health sector could partner with multicultural agencies or ethnic service providers, to address their health needs, and work in conjunction with these agencies, to respond to other consequential issues that impact on their health and well being.149

The Australian government’s National Health and Medical Research Council in 2005 published a report named, ‘Cultural Competency in Health’, as a guide for policy, partnership and participation. The report affirms that Australians come from diverse social, political and economic backgrounds and have a wide range of experiences, behaviours, and understanding of health and illness. It states that the experiences of

149 Department of Human Services, 2004, Towards a health strategy for refugees and asylum seekers in Victoria, p.1-91
migrants who have arrived in Australia for settlement and acculturation, vary. It asserts –

‘Their health and wellbeing is often defined by external factors outside the health system, such as housing, employment, education, spirituality, and social connections to the life of the community which play a significant part in determining their health and wellbeing’.  

All of the above factors have been identified as critical determinants in my ‘findings chapter’ and are perceived barriers for accessing services for elderly Assyrian Chaldeans and Somali communities. Could this acknowledgement by the National Health and Medical Research Council be accepted as evidence to guide the Australian government’s policy and planning of services for migrant communities?

The report elaborates that Australia is beginning to respond to the needs of people from diverse backgrounds, and policies exist both at state and national level to ensure equity and access for all people. Unfortunately, knowledge gained from both empirical and anecdotal information gathered from service providers, working closely with CALD communities question this, and determines that the needs of culturally and linguistically diverse communities are not adequately met. It highlights that the refugee communities are not being addressed due to associated issues of poverty, unemployment, lack of affordable housing, lack of English language skills, social isolation and social exclusion.

150 Australian government’s National Health and Medical Research Council, 2005. Cultural Competency in Health, p.3-18
New and Emerging Refugee Communities

The Commonwealth Department of Immigration and Citizenship (DIAC) deems the characteristics of small and emerging communities in Australia as small in numbers and having an Australia wide population of 15,000, of whom 30% have arrived in the past five years.\footnote{DIAC fact sheet 7, 2007, p.1-2}


Issues highlighted by DIAC (2007) concerning new and emerging communities include a lack of established infrastructure, challenges of settlement due to the non-existence of established networks, and limitations in English comprehension, both verbal and written.

The DIAC fact sheet 7 (2007, p.1-2) states that ‘new and emerging communities are suspicious of new encounters with unfamiliar people or who have not been introduced by a trusted source’. In order to gain a better understanding of health and welfare needs of underrepresented communities who are not always visible in the community, and not represented in governments’ statistical evidence, the Spectrum Migrant Resource Centre launched a research project called ‘The Underrepresented Communities Project’. The project targeted the Chinese, Turkish,
Indian, Sri Lankan, Somali and Assyrian Chaldean communities, and created profiles on each of these communities which included their refugee experiences, settlement challenges in a new country, and their service requirements. The research methodology included a participatory action-based approach, and information collected from focus groups and interviews with members of the community and health practitioners was documented and compiled into brief reports.

The primary challenge common to each of the identified communities was ‘language’ and as a result, a lack of knowledge of services, and how to access services. Other key issues identified were social isolation, financial difficulties, intergenerational conflict, transport, health and ageing risk factors, sedentary lifestyles.

Recommendations were similar to the findings of my research on the two target communities, and included a need for culturally specific services, a need to recruit bilingual workers to reduce language barriers, and a need for healthy ageing activities. Elderly focus group participants requested group-based activities including respite day centre programs, as well as social support and more culturally specific planned activity programs for low care and high care needs.

All of these recommendations have been endorsed by elderly focus group participants from the two target communities, and the importance for government and aged care funding bodies to consider these recommendations for future planning of services for elderly migrants from a CALD background.\footnote{Tinney, F. 2006, \textit{The Underrepresented Communities Project}, Spectrum Migrant Resource Centre, Melbourne}
The Department of the Premier and Cabinet Multicultural Affairs Queensland (2007) identified ‘new and emerging communities as a priority for government funding, however what defines new and emerging has not been ascertained’. It is also interesting to note that even though new and emerging communities are supposed to be a priority for government funding, they are financially under-resourced, and depend on ethnic communities, and multicultural agencies for advocacy and financial support. This knowledge is informed by the data gathered from the research findings of the elderly Assyrian Chaldeans and Somalis.

The aim of the Department of Premier and Cabinet Multicultural Affairs Queensland’s (2007) report was to gain an understanding of new and emerging communities, and to identify their needs, so as to assist with planning for the future, and create a valuable resource for government and community workers.\textsuperscript{154}

The report claimed that ‘new and emerging’ communities require highly targeted and specialised services, and attribute this to their newly arrived status lacking in social networks. They are socially isolated, limited in English language proficiency, and as such require considerable assistance.

The feedback gained from focus group and interviews for the purpose of my research, pointed to challenges similar to those of the Queensland study. However data analysed from the research undertaken also asserts that newly arrived migrants are resilient and reliant on their own community support mechanisms. For example in the case of the Somali community as stated in my research ‘Findings’ chapter,

\textsuperscript{154} Department of the Premier and Cabinet Multicultural Affairs Queensland, 2007, \textit{New and Emerging Communities in Queensland}, Queensland
information regarding aged care services is often disseminated by word of mouth by members of the community. In the case of the Assyrian Chaldean community, many elderly members attend medical appointments with the assistance of community members when unable to attend by themselves, and when no carers are available to assist.

The limitation of the study conducted by the Department of the Premier and Cabinet Multicultural Affairs Queensland in 2007, was that it did not take into consideration diversity within communities. This was similar to the research ‘Findings’ of the study undertaken of elderly Assyrian Chaldeans and their barriers in accessing health and welfare services, where it was acknowledged that in Australia service providers perceive Assyrian Chaldeans, Kurdish, and Syrians as Iraqis and place them under the same umbrella, and was considered as culturally insensitive and inappropriate.

The study conducted by Meagan Grundy from the University of Western Sydney for the Fairfield Council in 2005 investigated small and emerging communities. The aim of the project was to ascertain when the first point of contact was made for services by small and emerging communities, the effectiveness of services, and how service providers deliver programs. The barriers identified in Meagan Grundy’s study are very similar to the barriers highlighted in the findings of the study carried out on the Assyrian Chaldean and Somali communities and have been mentioned earlier in the Literature Review chapter. However a common barrier was not being aware of services - as indicated in my findings by the Assyrian Chaldean and Somali focus group participants. Current and past work with small and emerging communities

influences my contention that not enough has been done to ensure that newly arrived migrants have access to information regarding services available to them.

Inability to understand the relevance of a particular service—as demonstrated by focus group participants (Somalis and the Assyrian Chaldean elderly), and lack of understanding of current services, means they are limited in their ability to access services when required. This creates a dependency on family, carers, friends, and community members who speak English, and are aware of the Australian service system. The lack of knowledge of services is one of the primary reasons that small and emerging communities remain underrepresented as service users of Home and Community Care (HACC). The Australian Bureau of Statistics census reporting, and the local government statistics forms the main methods of reporting that government department's consider as a means to measure service gaps for allocation of funding, however unfortunately they cannot be perceived as an accurate means to determine the service requirements for communities such as the Assyrian Chaldeans and the Somalis.

Grundy (2005), stated that many small and emerging communities are reluctant to access services due to a lack of established trust with service providers. Reasons include: fear associated with past traumas, lack of English language, shame associated with accepting services from people outside their family, friends and community circle, confidentiality concerns, and difference in religious preferences. Could the catalyst to off-set their fears be the recruitment of bilingual workers with whom they can establish trust, and speak their language? This was raised as
important concern by elderly Assyrian Chaldeans and Somalis in feedback derived from focus group participants?

A summary of Megan Grundy’s recommendations to address issues raised included: increasing social support groups; an increase in funding for bilingual workers; interpreters to be recruited; to investigate transport issues common to the findings of the two target communities; the need for more translated written information in diverse languages was also identified by focus group participants as a critical requirement when accessing programs; and as recommended by the Somalis and the Assyrian Chaldean elderly in my research findings, engage community members in the planning of services to ensure they meet the needs of these elderly CALD participants. In conclusion the issues and recommendations of Megan Grundy’s study for Fairfield City Councils review of its services for small and emerging communities was similar to what was identified by focus group participants from the study of the Assyrian Chaldean and the Somali elderly.\footnote{Grundy, M. 2005, \textit{Fairfield Small and Emerging Communities Action Plan}, NSW}

Another critical concern highlighted in the findings of the research was cultural insensitivity amongst service providers. This was a concern raised by focus group participants from both communities and identified an overarching need to improve the process in planning and allocation of funding for small and emerging community by service providers, and funding bodies. Statistical evidence from the ABS Census (2006) clearly states that ‘by 2011, nearly 23 per cent of Australians aged over 65 (approximately one million people) will be from cultural and linguistically diverse (CALD) background’. Migrant communities remain marginalised in financial
allocations for service requirements. In spite of this overwhelming evidence of service requirements for the CALD elderly, most mainstream service providers, including governments, do not ensure sufficient provisions for appropriate CALD services. There are few exceptions such as the HACC-funded, CALD Supported Access pilot project however the main focus for local, state and federal governments’ is to promote integrated models of services catering mainly for English speaking participants.

This inhibits elderly members from small and emerging communities like the Assyrian Chaldeans and Somalis, from accessing services, and creates a need for a culturally appropriate model of services, tailor made to meet their needs. Should the government be considering the establishment of a CALD specific model of services to increase participation, strengthen networks, provide knowledge of services, and provide an early intervention strategy congruent with the aims of the Victorian government’s Active Service Model?

Another issue highlighted by focus group participants was that many local government organisations are very inflexible in their approach to service delivery and in spite of the fact that they hold diverse aged care activities, they do not commit to ensuring local government services meet the needs of their culturally and linguistically diverse constituents. In addition information regarding other council services e.g. HACC services like meals on wheels, transport, and lawn mowing is not available in translated information, which creates barriers of accessibility.

As such HACC Social Support and Planned Activity programs run by multicultural agencies, and ethnic agencies, involving bilingual workers and providing culturally
appropriate meals, and activities are preferred by elderly migrants like the Assyrian Chaldeans and the Somalis. They are also invaluable pathways to disseminate information regarding aged care services, and often are a bridge between local councils, health services and communities for elderly migrants.

A brief study conducted by Whittlesea Council in the northern suburbs of Melbourne to emphasise the importance of social support for small emerging communities indicated that it is necessary for local councils like Whittlesea, to demonstrate a CALD good practice model in service provision. Conversations with elderly Somali and Assyrian Chaldean focus group participants highlight concerns regarding the lack of interest of local councils to provide services responding to the cultural and linguistic needs of migrant communities. These findings indicate that it is critical for local government to engage with their elderly CALD constituents, in order to plan appropriate aged care local government services.  

The Whittlesea study highlights the importance of social networks; this was consistent with themes that emerged from the findings of the research study conducted on elderly Somalis and the Assyrian Chaldeans. The project method included a qualitative focus group strategy and communities involved in the research included the Burundian, Rwandan, Liberian, Sierra Leonian, Sudanese and Iraqi. It however did not limit the scope of its report to focus on elderly communities, but also included younger social support participants for the purpose of its study.

157 Whittlesea Community Connections, Whittlesea Council, 2008, Rebuilding Social Support Networks in Small and Emerging Refugee Communities, Victoria
It is encouraging to observe that the Whittlesea council report identified social networks as a ‘critical coping and survival mechanism’ for these communities. In my research findings most elderly Somali and Assyrian Chaldean recognised social networks facilitated by workers from the same cultural and linguistic background as critical to the success of the activities. They indicated that social support programs created opportunities to socialise with people from their communities, and build new networks, as their refugee experience of fleeing from their countries of origin, has led to a loss of their connections to their community. Elderly focus group participants from Somali and Assyrian Chaldean backgrounds emphasised that starting life in a new place, with no networks made life extremely challenging. As such, through pathways of social support programs, they were able to create new friends.

The Whittlesea council’s report of 2008 indicated that small and emerging community members, due to language barriers, were often deprived of speaking to neighbours, and they looked forward to the group sessions where they could talk to others from their community. It stated that social support programs provided information to elderly participants regarding healthy eating, exercising, and ageing associated illnesses such as, diabetes, deteriorating hearing, and Alzheimer’s disease. This supports the claim of elderly Somali and Assyrian Chaldean focus group participants that, prior to attending social support group programs, they had very little knowledge of ageing information. Findings of the research undertaken on Assyrian Chaldean and Somali elderly highlighted the concern that some elderly members and their
families had very limited information about ageing services due to their limitation in English and were disadvantaged in accessing information and services.\footnote{Whittlesea Community Connections, Whittlesea Council, 2008, \textit{Rebuilding Social Support Networks in Small and Emerging Refugee Communities}, Victoria}

The recommendations made by focus group participants for the Whittlesea Council’s 2008 report included: ‘encouraging participation of refugee communities so that their concerns were heard (which was similar to the recommendation of both Somali men and women); the importance of mainstream services increasing their knowledge of the history, and background, of small and emerging communities to develop culturally appropriate service planning’. This was a strategy raised by the Somalis and the Assyrian Chaldean elderly as critical to address the lack of information in the main stream sector of small and emerging communities, and to provide services that respond appropriately to their unique requirements. Data studied from focus groups and interviews with elderly Somalis and Assyrian Chaldeans indicate a similar theme that suggests that the way forward for mainstream agencies is to build a better understanding of the small and emerging communities.

Due to a lack of services Blacktown City Council, NSW in 2004 in collaboration with community representatives, community organisations, local, state, and commonwealth agencies established an action plan for new and emerging communities. The primary aim of the action plan was to provide coordinated planning and activity, and to provide support to emerging communities and create community harmony in the local government area of Blacktown. The BECAP (Blacktown Emerging Communities Action Plan) established an emerging
communities profile working group in May 2008 to identify issues within emerging communities.¹⁵⁹

The characteristics and criteria to identify emerging groups were: similarity and difference between their countries of origin and Australia; their experiences prior to their arrival; reasons for migration; and support and resources accessible to these communities on arrival in Australia.

Similarly, in order to create credible profiles of elderly Assyrian Chaldean and Somali communities and their barriers in accessing mainstream health and welfare services, it was critical to form an understanding of what their pre and post settlement experiences were. The BECAP action plan clearly states that humanitarian entrants have many needs and often their pre arrival experiences play a major part in identifying their settlement needs. This was highlighted in the findings of the research undertaken on the two elderly refugee communities – the Somalis, and the Assyrian Chaldean. Focus group participants from Somalia indicated that due to the unstable political conditions in Somalia many elderly men and women had to flee Mogadishu leaving behind a lifetime of memories, their homes, and were separated from their loved ones. Many of these elderly members experienced trauma and grief due to loss associated with the war, both of family and property. This has led to health issues such as depression, anxiety, fear and left deep scars in the hearts and minds of elderly Somalis. The findings of focus groups held with Assyrian Chaldeans elderly indicate a deep rooted fear of authority, which has led to mistrust of

government personnel, and a requirement of working through a community member to access services and information.

The Blacktown emerging communities profile report of 2009 a result of the work undertaken by the BECAP communities profile working group in May 2008 recognised the following settlement issues for new and emerging communities: ‘English proficiency; lack of information regarding services and navigating the current service system; engaging with mainstream community, and experiencing social isolation and social disconnectedness’. It is interesting to note that the findings of the research conducted on elderly Assyrian Chaldean and Somalis indicate similar barriers for accessing health and welfare services for these two elderly small and merging communities.¹⁶⁰

In 1998 the local government areas of Yarra and Melbourne City received a large influx of migrants from Africa, particularly Somalis from the Horn of Africa, who settled in the public housing estates in the areas of Carlton, Collingwood, Fitzroy and Richmond.

A collaborative study was conducted by the North Yarra Community Health centre and the Department of Human Services on these African communities to identify the health needs of these communities living in the City of Yarra and the City of Melbourne. The strength of the study was that its methodology included strategies

¹⁶⁰ The Blacktown City Council 2004, BlackTown Emerging Communities Action Plan, Emerging Communities Profile Report, Blacktown)
that engaged focus groups and interviews with members of the community, and service providers, to identify gaps in available services.\textsuperscript{161}

The project had two stages; the first stage studied the nature of African communities living in the target areas, and the second phase explored effective strategies to raise awareness of services, and increase service usage amongst African communities.

The study concluded that it is critical for newly arrived migrants to access appropriate information regarding services and resources. As stated earlier in my findings chapter, conversations with focus group participants indicate that many migrant communities like the African communities targeted by the North Yarra Community Health-centre and the Department of Human Services project, receive insufficient or no information regarding their settlement issues. In addition, the lack of information available in English created challenges for migrant communities accessing services.\textsuperscript{162}

**Somali Elderly**

The Australian Bureau of Statistics Census of 2006, and the ‘findings’ of my research on elderly Somalis demonstrate large Somali settlements in the local government areas of Darebin, Banyule, and Whittlesea.

The Somali research project ‘From Somalia to Banyule/Darebin’ in its findings acknowledges that the services and support rendered by ethnic and multicultural


agencies is essential for migrant communities. It states that the model of service delivery that includes bilingual workers, and professionals, allow for the establishment of trust, and fosters advocacy. \textsuperscript{163}

The collaborative research project conducted by Aden (2001) a Somali liaison officer for the Banyule Community Health Services, states that ‘there is a lack of systematic information available on the health and welfare requirements of the Somali community’. What is available as referred to in my ‘Findings’ is empirical research reports, and anecdotal information, provided by members of the community and service providers. Unfortunately due to the lack of evidential resource the Somali community, essentially the elderly members of the community, remain under-resourced in receiving services to improve their quality of life as they age in Australia.

The recommendations made by elderly Somali focus group participants for the Banyule Community Health project as reported in my research findings were that elderly members of the community wanted to be involved in the research. My past experience of working closely with the Somali community through projects and casework leads me to believe that even though this can be perceived as an effective strategy to respond to the cultural and bilingual requirements of conducting research, it is challenging nonetheless. This is due to the complexities of clan differences even in Australia amongst the Somali community. This may create unhealthy competition and pose a threat to the Somali community within their local government area. It is also critical to be aware of the fact, alluded to in my findings, that women from the Somali community due to cultural and religious reasons may

\textsuperscript{163} Aden, S, 2001, From Somalia to Banyule/Darebin, p.9-10
prefer not to take a lead role in this process, and may very easily be underrepresented in any collective recommendation made by the community. Primarily, the Banyule Community Health project methodology included engaging young Somalis trained to survey 382 households over a period of six weeks, followed by two focus groups that studied strategies to improve access to services for the Somali community. My working knowledge of the Somali community informs my understanding that the methodology utilised by the Banyule Health services indicates a cultural understanding of the requirements of culturally appropriate research strategies. For example the engagement of young Somalis to assist in undertaking the surveys and focus groups would create a pathway of establishing trust between members of the community and the young Somalis engaged in the project. I also believe that the project would provide an opportunity for younger members of the Somali community to become aware of service gaps for members of their community, and potentially lead to future opportunities to advocate on behalf of the community.

The outcomes of the data analysed from focus groups and interviews of this study are consistent with the findings of the research conducted on elderly Somali participants for the purpose of my research. Issues such as: the acknowledgement of a lack of CALD specific services by local government service providers in Darebin and Banyule; the association of ill health among Somali elders due to change of diet; a sedentary life style; low representation as service users due to limited knowledge of the service sector; the Somali community’s settlement dispersion across Melbourne due to varying availability of public housing stock; and financial difficulties among
elderly Somalis have been highlighted in my research findings as potential barriers for accessing health and welfare services.

The recommendations to improve services for Somali elderly included:

recruitment and training of African caregivers, increased knowledge of African communities through education and training aimed at existing community and aged care staff, and delivering culturally appropriate home care services conducive to the Somali community’s requirement of services.\textsuperscript{164}

The Education Package prepared by Nikki Marshall of the North Western Migrant Resource Centre, includes a brief report prepared by Abdirahman Mohamed Mohamud in 1998 and consists of a brief geographical and historical account of the Somali Community.

Dr Abdirahman Mohamed Mohamud’s report provides a detailed description of the characteristics of the Somali community, and the traditional role of family and elders which has already been highlighted in the background chapter of the thesis.

It creates for the reader an understanding of some of the settlement challenges faced by elderly Somalis living in Australia. Information gathered from focus group members as stated in my research ‘findings’ chapter substantiate that traditionally the Somali family unit consist of the immediate and extended family, who share and contribute to the wellbeing of the family. This also ensures that elders and children are taken care of, and elders play an important role in shaping and policing the Somali culture and traditions. As advised by Somali focus group participants in my

\textsuperscript{164} Aden, S, 2001, From Somalia to Banyule/Darebin, p.9-10
research, unfortunately, due to limited appropriate housing, the role of the elders is changing, as families are separated to accommodate the limitations of the Australian Office of Housing Stock.

A combination of housing, lack of knowledge of English, and financial limitations has created a loss of ‘identity’ for elderly people, as they no longer feel valued as ‘decision makers’ or ‘gate keepers’ of the Somali community.

The report also highlights that the role of traditional Somali women has changed substantially.

In Somalia the role of the women was to assist in the home, and take care of the family and they were dependent on their husband for their financial needs. In Australia for many Somali women the loss of their spouses due to the wars in Somalia has made them ‘single women’ or war widows. In the case of others the possibility of receiving direct payment from the government as a pension has gained them financial independence. This coupled with the lack of large Australian housing properties for Somali families to live together, has led to many women living with their children. It is my opinion this change has fragmented the nuclear traditional Somali family unit.\(^{165}\)

What is unique about the Somali community is their preference for gender specific services. This is often a challenge for many service providers. On reviewing the United Nations Gender Profile of the Conflict in Somalia led to identifying the

underpinning reason that has led to the requirement of gender-specific services for the Somali community. That is the violation of women’s rights, and the discrimination against Somali women. The Arta Conference in 2000 provided an opportunity for Somali women to represent themselves. Following this the Secretary-General confirmed that in keeping with the Security Council resolution 1325 (2000) of 31 October 2000, the United Nations promoted the mainstreaming of a gender perspective and highlighted the issue of women’s human rights. The United Nations provided a gender expert to work collaboratively with the Inter Governmental Authority for Development (IGAD) mediation team. The primary concerns were, ‘affirmative action, to take steps to ensure women representation, provide women with authorisation and access to resources, and with a special emphasis on investigating the effect of war on women and children’.

The Secretary General’s June 2003 report on the situation in Somalia stated that Somali women and their rights were not protected by the justice system and the safety of Somali women was not guaranteed. Somali women became victims to rape, torture and other atrocities. As mentioned earlier having worked closely with Somali women and having gained anecdotal information and awareness of their war experiences, has led to the knowledge that Somali women remain marginalised, and victimised in Somalia. In spite of the United Nations effort in eliminating these risks, and providing a fair go to Somali women, this has not stopped the unfair treatment of women in Somalia. It is no wonder that Somali women, especially the elderly

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women targeted for my research have a preference for gender-specific services. Finally, due to many Somali women having lost their husbands during the political unrest in Somalia either through death, or abandonment, or divorce, under Shariah law this has reversed their roles and women have taken on the role of head of the family, and are the decision makers in their families.

**Assyrian Chaldean Elderly**

The Iraqi research study conducted in 2004 by the North West Migrant Resource Centre and the report that followed is evidence of the wealth of in-depth anecdotal information gained from working closely with migrant communities by multicultural agencies. The aim of the qualitative study was to provide a better understanding to mainstream and ethnic service providers in the northwest regarding the history, gaps, and requirements of these communities. It also provided clarity to the identity of these communities, as often due to their country of origin being Iraq, Australian service providers consider the Kurdish, Assyrian (Arabic-speaking) and Chaldeans to be homogenous, and referred to them as ‘Iraqis’. ¹⁶⁸ This has been disrespectful to their experiences of torture and trauma, and the long oppression under the ‘Iraqi’ regime. The report provides a historical background for these communities which impacts on their settlement issues, when engaging in education and training, or seeking employment. The report states that Assyrian women (as mentioned earlier in my findings chapter) living in Iraq in respect to the religious and cultural requirements of a Muslim regime were expected to cover themselves, and had to be accompanied by their spouse in public places. This hindered their progress in

¹⁶⁸ North West Migrant Resource Centre. 2004. *Iraq Born Profile, Settlement Services, Victoria*
education and employment, and as a result a lack of self-confidence, which resulted in creating challenges in beginning a new life in Australia. However my working knowledge of these communities informs my understanding that the Assyrian Chaldeans who represent the Christian population of these communities are better equipped, due to the fact that the Church played a pivotal role in providing support and advocacy for their members.  

Yildiz’s journal article of 1999 creates a historical backdrop to the origin of the Assyrian community. He states in his article that contrary to the thinking of some historians that the Assyrians were wiped out at the end of 612 BC with the end of the Assyrian empire, they survived and continued to live under the new regime with a loss of their independence.

The article also throws light on the historical origins of the Assyrians, and confirms that the Assyrians empire today forms part of Iraq, Iran, Syria, and Turkey, and that Assyrian communities live within these countries. It is my belief that this could be attributed to the diversity of the Assyrian community.

In the same journal article Efrem Yildiz states that,

‘With the arrival of Christianity as a result of the Roman domination of the country, the church grew in importance. The Assyrians regrouped around this institution, and perceived the church as the gatekeeper of Assyrian traditions and culture. After this the Assyrian people began to be called Assyrian Chaldeans, which was the merger of the two

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169 North West Migrant Resource Centre. 2004. *Iraq Born Profile, Settlement Services, Victoria*
Christian communities, the Chaldeans and the Assyrians and the church was referred to as the church of East’. This can be viewed as the genesis to the origin of the Assyrian Chaldean name'.

A 12 month project to map the needs of the Assyrian community was launched by the Fairfield City Council (NSW) in 2005 with the aim of strengthening the capacity of the community. The research undertaken by the University of Western Sydney’s Centre of Cultural Research produced a report at the end of the study with a special focus on the lack of equity for the Assyrian community in education, employment, housing and health.

My interest in reviewing this report was motivated by the lack of empirical research available on the Assyrians, which has proved a challenge for the requirement of my own literature review when investigating the needs and barriers of elderly Assyrian Chaldeans. Another important factor to keep in mind when reviewing the report, was that it did not particularly refer to the Assyrian Chaldeans who are the target of my study. However the journalist Yildiz (1991) in his article stated that with the advent of Christianity, the Assyrians and the Chaldeans communities merged and became one, and began to be referred to as ‘Assyrian Chaldeans’. However the ‘Assyrians’ studied in this research were Syriac-speaking and a Christian community who lived in the city of Fairfield. A large number of them originated from Iraq, with significant small numbers from Iran, Turkey, Syria and Lebanon. The research findings substantiate that that there is limited knowledge amongst service providers regarding

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171 Gow, G, Isaac, A 2005, Assyrian Community Capacity Building in Fairfield City, University of Western Sydney, p.3-53
the Assyrian Chaldean community, and the diversity of Iraqi-born heterogeneous communities, which has caused inaccurate reporting in state and federal government statistics. My work with the Assyrian Chaldean communities from Iraq and Iran has also highlighted the importance of raising this awareness in my research findings, as it has caused the community grave concern due to the loss of identity in their new home country.

The project approach which included group workshops, consultation, a large public forum, and one-on-one interviews highlighted that there was a lack of culturally specific services for elderly Assyrians living in Fairfield, and they felt this was due to the fact that there was a lack of knowledge of their communities, history, language and culture. Recommendations included that some seniors wanted to participate with funding bodies to develop programs for the elderly members of their community through voluntary participation. Some essential services identified by these elderly seniors were: social groups to assist senior’s network and access information, and recommendations of an Assyrian day care centre for frail elderly Assyrian. Major health issues identified were heart conditions, and diabetes.  

In my research findings chapter I have identified that elderly Assyrian Chaldeans suffer from isolation and require services that are appropriate to their ageing needs. My knowledge of the Assyrian community through previous project work and my recent involvement through focus groups conducted with members of the community has provided a deeper understanding of the Assyrian Chaldean community. As stated earlier the church plays a significant part in the lives of these elderly participants.

172 Gow, G, Isaac, A 2005, Assyrian Community Capacity Building in Fairfield City, University of Western Sydney, p.3-53
The elderly members of the community are very grateful for a peaceful life in Australia where they are no longer oppressed and can freely move in public, and practise their religious beliefs without fear. However, many of these elderly members have expressed their need to participate in more group and healthy ageing activities, like swimming, walking groups, singing, dancing, and getting together to network and for socialising. However, even though local governments are funded to provide supports to members of their communities like the Assyrian Chaldeans, there are only a few who are able to respond partially to their needs of providing a place to congregate, or provide subsidised healthy ageing activities, and there is significant resistance to providing support to these communities.

Often multicultural and ethnic agencies who are recipients of small amounts of short-term funding, provide financial and practical support to these elderly members of the community. However there is always a fear for these service providers that once trust has been established with these small and emerging communities, that the funding will stop, and these elderly members will be left where they began..

The research findings add to a knowledge base gained from 4 years of work experience engaging closely with female members of the Somali community. This has created awareness that one of the characteristics of this community in terms of culturally appropriate service provision is the requirement of gender-specific services. This is a non-negotiable pathway and my past work experience has fostered the understanding that if consideration is not made for this cultural requirement, then the community will not participate in community or group activities. I am also aware that many mainstream and ethnic service providers are not aware, or prefer to
ignore this consideration due to a lack of knowledge of where this stems from, and
due to financial limitations in addressing this service gap.

**Conclusion**

In conclusion all of the information gathered from reviewing documentation from
local government, state, federal government organisation, ethnic, and multicultural
aged care service providers substantiates a common trend requiring a model of aged
care that responds to the needs of these new and emerging communities.

What is also evident is that the government needs to review the HACC allocation
priorities. If social isolation can be reduced through increasing positive ageing health
and wellbeing activities such as ‘Social Support’ and ‘Planned Activities’, and through
this pathway strengthen access to information regarding aged care services, it may
delay the need for acute health services.
Chapter - 5

Conclusion and Recommendations

The limitation of a lack of academic research available for the study of elderly Assyrian Chaldeans and Somalis is compensated for by the availability of empirical research reports, anecdotal information gained from project participants, support workers, Australian government fact sheets, and local government reports.

The engagement of a qualitative approach whilst it proved appropriate for the flexibility, and unstructured, requirements of the research it was limited as it could not include quantitative strategies such as surveys that could have captured a larger audience. However, for the purpose of overcoming issues such as language barriers and the establishment of trust with the focus group, and interview participants, a qualitative preference provided the best outcomes for the research strategies utilized.

The challenge of ensuring that the interpretations of the findings remained authentic and was not influenced by my own migrant experiences, and biases was partly addressed through engaging CALD workers from the communities, however it is necessary to acknowledge that the research findings has been viewed through my own cultural lens and is identified limitation of the research.

The findings of my own research along with knowledge gained from reviewing all of the above research irrefutably indicate that elderly migrants such as the Somalis and the Assyrian Chaldeans face challenges in navigating the Australian health and welfare service system. The primary determinant factors of barriers to accessing
services for these elderly migrants include: English proficiency, loss of networks due to settlement in a new country, financial limitations, lack of confidence, and trauma and shame associated with past experiences. Feedback gained from these elderly participants also make it clear that elderly Somalis and Assyrian Chaldeans are reluctant to access services due to a lack of knowledge of services, and also do not know how to communicate their needs to service providers and government officials.

It is also reported that they often do not want to trouble their own families as they do not want to be a burden to them. All of these reasons play a critical part in leaving elderly members from both these communities vulnerable and lacking in essential health and welfare services.

Another critical limitation that has discouraged participation of migrant communities such as the elderly Somalis and the Assyrian Chaldeans in state, local, and federal funded services is the inappropriateness of the current model of service that does not respond to their needs.

Recommendations by elderly members of these communities indicate that it is important for governments to encourage the recruitment of bilingual workers to assist elderly members to bridge the barriers of language proficiency.

It is also important for funding bodies when planning programs and allocating funding to give consideration to timeframes for projects in order to allow for establishing trust with community members, and also to ensure provision for sustainability of programs.
Work experience along with shared knowledge gained from collaborative work in aged care in the North, and West regions highlights the importance for governments of acknowledging the importance of building on the strengths of successful models, so as to ensure continuity of services based on established trust and providing on-arrival information regarding Home and Community Care, and other aged care service information, to elderly Somalis and Assyrian Chaldeans, and other newly arrived elderly communities.

It is also important for government and policy makers to recognise anecdotal and empirical studies conducted by ethnic and multicultural agencies, and to utilise their recommendations to inform future planning and to create culturally responsive services.

In order to ensure services remain authentic as recommended by elderly Assyrian Chaldeans, and Somalis, it may be beneficial to involve these elderly members in planning for their future health and wellbeing services.

Finally I think it is integral for more in-depth research to be carried out in the future to look at the experiences of younger people from new and emerging communities and their perception of the elderly members of the community. It would also be worthwhile to conceptualize the early ageing process of these new and emerging elderly, as oppose to their Australian compatriots who are considered to be ‘senior citizens’ when they reach 60 years.

In conclusion a significant factor that proves a limitation for appropriate access and equity for these newly arrived elderly migrants is the limitation of financial funding
from the government to ensure these newly arrived embers of the community can be adequately supported.

**Recommendations for future directions:**

- Recruitment of bilingual workers who have established trust with the communities
- Importance of established trust
- Building on strengths of successful models
- Recognition of anecdotal and empirical research
- Acknowledging the pivotal role of ethnic and multicultural agencies in responding to the needs of small and emerging communities
- Providing translated and bilingual verbal advice regarding Home and Community Care and other ageing supports to newly arrived elderly migrants
- Encouraging participation of elderly members from the two target communities in participating in planning appropriate aged care services
- It is critical for the Australian government in its national allocations of funding to acknowledge the need of an ageing CALD population, by providing appropriate CALD specific services, and demonstrate this consideration in its future planning of services for elderly migrants from culturally and linguistically diverse backgrounds.
• The need for service providers and government bodies to examine the current model of HACC services and the appropriateness of service delivery within its current inflexible framework.

• That government funding bodies work closely with multicultural and ethnic service providers who have established trust with these communities and provide recurrent or longer periods of funding. This will enhance a positive ageing strategy for elderly small and emerging communities, like the Assyrian Chaldeans and the Somalis, and will prevent an acceleration of their ageing process.

• Future research to conceptualise old age as understood by the two communities, and their barriers to access HACC services due to not qualifying to meet the HACC age criteria.
The final chapter of the research study undertaken over a period of four years provides knowledge and understanding of the differences and similarities that underpin the barriers in accessing health and welfare services for Assyrian Chaldean and Somali elderly communities.

When setting out on this journey of investigation as often mentioned in the chapters of the study, very limited formal information was available regarding the two communities. However, as a result of the perseverance of ethnic and multicultural service providers to raise awareness of these communities, empirical studies, presentations at conferences, and pursuing successful partnerships with aged care service providers, including local government services, have led to creation of services needed to address the needs of elderly Assyrian Chaldean and Somali communities.

On a federal level Australia’s recently published Multicultural Policy (2011) promises that government services and programs will ensure it responds to the needs of culturally and linguistically diverse communities. The State Government of Victoria, is currently in the initial stages of disseminating information regarding the implementation of a HACC diversity framework as of June 2012. In essence the HACC diversity framework replaces the previous HACC Cultural Planning Strategy, aimed at increasing access, and responding appropriately to the needs of cultural and linguistically diverse communities, such as the Assyrian Chaldean and Somali elderly communities.
The current HACC diversity framework aims to take a holistic, and a broader approach and include CALD as one of five special needs groups such as: people from Aboriginal and Torres Strait Islander backgrounds; people from CALD backgrounds; people with dementia; people living in rural and remote areas; and homeless people (Department of Health, 2010: 1-2).

This raises a concern as to the scope and capacity of moving to a diversity-planning HACC framework that has the ability to meet the specific cultural needs of a growing CALD population, and increased access to aged care services, through a HACC culturally appropriate service response.
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