



SUPPORTING MAINSTREAM SOCIAL SUPPORT GROUPS TO BE CULTURALLY INCLUSIVE IN THE EASTERN METROPOLITAN REGION

Report on data arising from the consultation

December 2016

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Glossary

- ASM: Active Service Model
- CALD: Culturally and Linguistically Diverse
- CHSP: Commonwealth Home Support Programme (formerly HACC)
- EACH: Eastern Access Community Health
- ECCV: Ethnic Communities Council of Victoria
- EMR: Eastern Metropolitan Region
- HACC: Home and Community Care
- LOTE: Language other than English
- MAC: My Aged Care
- PAG: Planned Activity Group
- SSG: Social Support Group (formerly PAG)

Terminology

For the purpose of the consultation, the following terms were used in interviews and the focus group, after having been clarified with participants:

- Social Support Groups (SSGs) in lieu of Planned Activity Groups (PAGs). When the term 'PAG' was used during interviews, it was replaced by SSG in the report for the purpose of consistency.
- Mainstream SSGs: SSGs where English is used as the only language
- Multicultural (mixed) SSGs: SSGs where people of different cultural backgrounds mix and speak their own language
- People with low-English: people who cannot communicate with others in English, either because they never have or because they have lost the ability to do so as they have aged.

Consultation

The consultation included Key Informant Interviews, informal interviews, observation of five Social Groups, and a Focus Group of mainstream SSG Coordinators.

Key Informant interviews

1. Migrant Information Centre Access and Support Worker: Wanling Zhang
2. Migrant Information Centre Access and Support Worker: Linda Tan
3. Migrant Information Centre Access and Support Worker: Geraldine Jeremiah
4. Carrington Health Asset & Support Facilitator: Debra Coddington
5. Uniting Care East Burwood Centre, Coordinator of Positive Living Groups: Denise Femino
6. New Hope Foundation, Coordinator of Oakleigh Café Bazaar and Social Support Team Leader: Geraldina Alvarez-Poblete
7. MannaCare (Manningham), Assistant Coordinator: Nicola Brown

Informal interviews

1. Antonella, Italian-speaking Volunteer, Uniting Care East Burwood Centre
2. Wendy Elkington, Leisure & Lifestyle Worker, White Road Lifestyle & Respite Centre, Villa Maria Catholic Homes
3. Chilean participant, Oakleigh Café Bazaar
4. Jan, Oakleigh Senior Citizens Centre President
5. Italian participant, Uniting Care East Burwood Centre Positive Living Group
6. Rosie, above participant's daughter and carer
7. Singhalese participant, Uniting Care East Burwood Centre Positive Living Group
8. Singhalese participant, Uniting Care East Burwood Centre Positive Living Group

Focus Group

1. Sussy Vasquez-Lozano, Whitehorse City Council
2. Sharon Gawronski, EACH
3. Peter Ashmore, Access Health and Community (Men's Shed)
4. Loredana Lacobucci, Monash City Council
5. Caroline Kennedy, Bapcare (Brindabilla)

Observation

1. New Hope Foundation Café Bazaar, Oakleigh (Wednesday)
2. Uniting Care East Burwood Centre, Positive Living Group (Tuesday)
3. White Road Lifestyle & Respite Centre, Villa Maria Catholic Homes, Wantirna South (Wednesday)
4. MannaCare dementia facility SSG (Tuesday)
5. Mountain View Cottage, Nunawading, Whitehorse City Council (Wednesday)

Background to the project

Social Support Groups (formerly called Planned Activity Groups) are a funded service delivered by many HACC and CHSP providers¹. These groups seek to reduce social isolation and improve mental health by providing regular opportunities for people to engage in social activities. A large number of SSGs are language-specific and are conducted in languages other than English. However, there is a view that 'mainstream SSGs' (those that have predominantly Anglo-Saxon participants and deliver activities in English) should be able to respond appropriately to a range of languages and cultures.

In its Research to Practice Briefing *Supporting older people from culturally and linguistically diverse backgrounds* (2010), the Benevolent Society distinguishes between two groups of older people of CALD background:

1. those who migrated as young people and have grown older in Australia, and
2. those who were already older when they arrived.

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

Furthermore, older people of CALD background experience a range of barriers that makes accessing health and age-related services difficult. According to the Ethnic Communities Council of Victoria², these include:

- Lack of culturally appropriate information in their language
- Lack of knowledge in navigating Australian systems and services, particularly for those who arrived in Australia at an older age
- Poorer overall socioeconomic status compared to the older Anglo-Australian population
- Differing cultural practices and norms
- A cultural preference for family members to provide care.

These factors negatively impact upon the health, wellbeing and social inclusion outcomes for older people from CALD background. The Eastern Metropolitan Region (EMR) Alliance has engaged the Centre for Culture, Ethnicity and Health (CEH) to consult with the HACC sector in the East and develop a resource/tool kit to support

¹ For the purpose of this project, we have looked at groups supported by the CHSP and catering for people over the age of 65

² *Retaining the benefits of Victoria's HACC Access and Support Program in the Commonwealth Home Support Program*, ECCV Submission to DSS, April 2015

mainstream SSGs to attract and retain new members of CALD background, particularly those who do not speak English. The project arises from work undertaken by SSGs in the Eastern Region who have enjoyed some success in being more culturally inclusive, and from a broader interest in how to support mainstream SSG providers' transition to a culturally inclusive model of support.

Why the Eastern Region?

The Eastern Metropolitan Region comprises the Local Governments Areas of Boroondara, Whitehorse, Monash, Maroondah, Manningham, Knox and the Yarra Ranges. According to the Victorian Health Department's profile of the Eastern Region³, 'Cultural diversity is higher than the Victorian average, with 24.2% born in a non-English speaking country, most commonly China, India and Malaysia, and 26.7% speaking a language other than English at home. The most commonly spoken non-English languages are Mandarin, Cantonese and Greek – for the older demographic, the most commonly spoken languages other than English are Greek and Italian. Almost 4% of residents identify as having a low level of English. The Regional Health Status Profile⁴ states that 'The percentage of the population aged 65 and over is expected to grow from 15.5% in 2011 to 18.4% in 2021'.

In recent years, the region has experienced a steady increase in the number of senior citizens over the age of 60, including elderly parents who have joined their adult children to provide child-minding support. More than 160,000 people in the East are over the age of 65 (15.7% of the population, which is higher than the Victorian average).

Purpose of the project

In order to effectively engage culturally diverse populations and to transition to cultural inclusion, agencies require information, knowledge and resources. For example, agencies may require information on the steps and considerations involved in establishing and delivering culturally inclusive activities – covering potential topics such as:

- cross-cultural communication;
- structure and group models;
- staff attributes;
- community partnerships;
- facilitating access; and
- the impact of culture on perception of health and care, etc.

³ Eastern Metropolitan Region report, <https://www2.health.vic.gov.au/about/publications/data/eastern-metro-region>

⁴ 2012 Regional Health Status Profiles Eastern Metropolitan Region, www.health.vic

Success in providing culturally inclusive and appropriate SSGs will have a number of positive impacts. It could reduce waiting lists for SSGs by addressing the current high demand for language-specific groups. It will provide CALD communities with other suitable options should they choose not to or are unable to participate in language-specific SSGs.

It is also anticipated that inclusion of participants from diverse cultures and languages in mainstream SSGs will benefit mainstream participants by enhancing their knowledge and understanding of other cultures and enriching their own social and cultural experiences.

Similarly, it is expected that there will be many benefits for people from culturally and linguistically diverse backgrounds, especially those who are newly-arrived, including increased engagement and social interaction, exposure to and understanding of Australian mainstream culture as well as other cultures and a corresponding increase in willingness to engage with those cultures. For both groups of participants, there will be opportunities to develop new social support and friendship networks.

Sector Context

Principles of the Active Service Model

The Victorian Government Health Hub⁵ describes the Active Service Model (ASM) as part of a wider initiative to build capacity in Victorian Home and Community Care (HACC) services and make them more person-centred. The approach focuses on people's strengths, not their deficits, and assumes everyone has some capacity to improve their own health and wellbeing.

According to the Victorian HACC Program Manual, the Active Service Model's approach is based on the principles that:

- people wish to remain autonomous;
- people can improve their capacity;
- people's needs should be viewed holistically;
- HACC services should be organised around the person and his or her carer - that is, the person should not be simply slotted into existing services; and
- a person's needs are best met when there are strong partnerships and collaborative working relationships between the person, their carers and family, support workers and between service providers.

⁵ www.health.vic

It adds that 'being autonomous means people can make their own decisions' and that 'a useful way to think about an active service model approach is the change from 'doing for' to 'doing with' people.

The Commonwealth Home Support Programme's (CHSP) philosophical approach is to maximise clients' independence and autonomy through a process of wellness, reablement and restorative care. This approach has been demonstrated to be a powerful way to help older people improve their function, independence and quality of life. Further the CHSP Manual states that when developing, delivering or evaluating services, providers need to:

- Promote each client's opportunity to maximise their capacity and quality of life through:
 - being client-centred and providing opportunities for each client to be actively involved in addressing their goals
 - focusing on retaining or regaining each client's functional and psychosocial independence
 - building on the strengths, capacity and goals of individuals
- Provide services tailored to the unique circumstances and cultural preference of each client, their family and carers.

The model of service delivery of the CHSP is described as 'empowering individuals to take charge of, and participate in, informed decision-making about the care and services they receive'.

Access & Support Workers: essential actors in successful SSG referrals

The purpose of the Access and Support Workers' service is to support HACC eligible people to gain confidence in accessing Home and Community Care and other services as required. This involves assisting people to access appropriate needs identification, assessment and care planning based on each person's and carer's expressed goals, wishes and needs.⁶

The Access and Support Workers' role is to:

- conduct the first element of service coordination – initial contact.
- commence the second element of service coordination – initial needs identification.
- provide a support role during the third element of service coordination – assessment.
- provide a support role during the fourth element of service coordination – care planning.

⁶ *Diversity planning and practice in Home and Community Care services in Victoria - A practice guide for HACC Access and Support roles*, Victorian Department of Health (September 2013)

Case Study - Filipino group

Linking the Filipino community with Villa Maria is something the MIC Access and Support Workers are proud of. *'At that time we each had a few clients of Filipino background, they were all socially isolated, relying a lot on their family, and the carers felt burnt out.'*

Each worker was trying to link their clients to a mainstream SSG but without success. People spoke good English but did not feel connected to the mainstream SSG. *'We each were working with individual clients and tried to introduce them to mainstream SSGs, but it didn't work, either because the client was feeling uncomfortable, or they didn't feel that they can enjoy the activities there, so they just didn't go'.*

They worked together and approached the SSG coordinator at Villa Maria to see if she had the capacity to create a Filipino group; this was possible, and the group was created.

The Access and Support Workers' role is funded to provide short-term and/or episodic support to the person (on average up to twelve weeks).

Access & Support Workers consulted for this project felt they play a key role in finding the right SSG for their client, and facilitating their access and ability to enjoy the group: *'We build rapport with the client, the client trusts us, we can then talk with the provider to express their needs.'*

The workers interviewed were a mine of information about local community groups, including ethno-specific, churches or other religious communities, and activity centres. Discussion points with clients: where does the person live? What are their interests and level of curiosity? Is the SSG accessible (transport/distance)? What activities do they offer? Are they really person-centred? Workers recognise that a person may need to try several groups before they find one that suits them.

For an Access & Support worker, knowing the SSG to whom the person is referred is crucial. The SSG needs to be informed of religious beliefs, food choices, etc. but should never make assumptions solely based on culture. A&S worker

The combination of local knowledge and in-depth understanding of their client and their carers enabled them to tailor their referrals to suit clients' needs as much as possible.

(My favourite part of the role) is getting services for people, and seeing that their life is enriched by the services. (...) Basically you see their whole life changing. A&S worker

Transition to My Aged Care and its impact on referrals to Social Support Groups

Staff interviewed did not foresee a major impact on Social Support Groups from the transition to My Aged Care. While some were currently experiencing a delay in referrals, this was attributed to 'teething issues' rather than a system flaw.

The main comment that was made about My Aged Care's impact on SSG was that groups would have to be more competitive as clients would have access to a broader array of choices. In the context of this consultation, 'competitiveness' was seen as being versatile and adaptable to accommodate the needs of a diverse population. A SSG that welcomes people of all cultures, language levels and cognitive abilities will logically be able to reach a larger client base than one that targets a single, more homogeneous group.

It's first thing first serve, and if you're not flexible... SSG Coordinator

The need to clearly promote one's inclusive practice was also emphasised, with a group coordinator recommending to '*make the local paper (your) friend*'. Groups that are adaptable and welcoming to all need to 'market' themselves clearly as such. An example of this is Uniting Care East Burwood: in the description of SSG (which they call 'Positive Living Groups') on their website, it states that: *People from diverse cultural and linguistic*

backgrounds are made welcome and an international theme is sometimes added to the delicious food enjoyed during the day.

The role of Access & Support Workers in facilitating access to My Aged Care is essential to CALD clients' ability to navigate it. It was foreseen that people with limited English proficiency, or if they were newly-arrived, may face additional barriers to accessing CHSP services. A&S workers can make the process easier for the client. They can also introduce a potential client to a group as a way to familiarise themselves before a formal registration is made.

It was obvious from the consultation that due to its recent introduction, some aspects of navigating My Aged Care were still not fully known and that knowledge on how to 'make the system work' for older people with limited English would grow as workers have the opportunity to use it over time.

Findings

There is more to diversity than language

Most staff interviewed explained that diversity comes in many forms; when referring to or coordinating support groups, they need to accommodate a range of needs, of which language or culture are only two. These include difference in mobility and independence (between people who are healthy and can get around, and those who cannot function without the help of a worker), people with dementia or high care needs ...

Continence and medications can be bigger barriers to being admitted in a SSG than language and culture. A&S worker

We're just one big melting pot, we have people with schizophrenia, people with dementia... When we do the assessment, safety is our number one concern. But it works!
Coordinator, Men's Shed.

Motivation for joining a 'mainstream group'

Group participants of CALD backgrounds who had joined a mainstream group had done so for a range of reasons. Some were related to practical constraints, others were purely based on choice. They included:

- Practical reasons, i.e. lack of transport to an ethno-specific group or the absence of an ethno-specific group in their area. This can in particular be the case for members of communities that were either too small to have their own SSG, or that lived in another LGA.

Case study – Giovanni

Giovanni is 97 years old. As the owner of a successful fruit and vegetable shop in Toorak for decades, he managed all this life speaking a combination of Italian and some English. However with age he has forgotten the little English he used to know, and now speaks almost exclusively Italian.

When Giovanni's daughters first referred him to the Uniting Care East Burwood group, they were 'a bit concerned whether he would be able to interact with people. But we were so happy from Day 1, we haven't looked back.'

Giovanni has always been an out-going person so hated being home and craved company. In the SSG, he often sits quietly watching videos of old Italian films on an iPad, or listening to Italian music. An Italian-speaking volunteer regularly attends the group and keeps him company.

According to Giovanni's daughter Rosie, the key to her father's enjoyment of the group is the high number of staff and volunteers, and how they really take an interest in him: 'He enjoys this group best because it is a small group and there is a lot of interaction (...) He interacts more with the group than he does with us. When he come home, he has that little extra spark.'

- To maintain their English after they had left the workforce and their opportunities for interactions in English had decreased

Case study - Maria

Maria came from Chile forty years ago with her husband. She has since had two children, a boy and a girl who both married Australians. As a result, most of the family interactions are in English.

'My daughter-in-law and my son-in-law, they don't speak Spanish, and if I want to speak with my grand-children, it's important that I practice my English.'

When Maria and her husband retired, their exposure to English decreased, as their social circle comprises mostly other Chileans. While they are attached to their culture of origin, they do not want to lose their English and seek opportunities to practice.

- To join a specific activity, such as exercise or a Men's Shed

Case study – Manningham Men's Shed

The Manningham Men's Shed recently embarked on a small project: to offer an 8-week experience to a local Chinese group, on how to use the shed's resources. After the 8-week program, four of the Chinese men stayed, and recently an asylum seeker from Malaysia also joined the group.

'English can be minimal' explains Men's Shed Coordinator Peter, *'but all like the 'blokey, sort of 'sheddy' environment'.*

At first there was reluctance from some of the Men's Shed members, who were been resentful of the growing Chinese presence in the eastern suburbs. However, according to Peter, meeting men from the Chinese community *'definitely changed the dynamic. Now people help each other out, the more able help the less able. And we're learning Chinese as well!'*

- For fear of judgment from their cultural group (including judgement over their ageing, dementia or decreased physical abilities), or 'everyone knowing their business'

Case study - Chenguang

Chenguang is Chinese, and used to come to MannaCare for the SSG, in which she was comfortable. There are another two Chinese women there, and the three of them used to sit separately from others, chat and play.

When the SSG coordinator heard of a Chinese-specific group not far from where Chenguang lived, she took her there to introduce her. Despite not sharing a language, she could see that Chenguang was deeply uncomfortable surrounded with people from a similar background.

Using an interpreter, the coordinator understood that Chenguang feared the judgment of her community on her decreased abilities, and was more comfortable outside her language and cultural group.

Opening mainstream SSGs to people with low English: perceived and experienced challenges

Access & Support workers and group coordinators interviewed reported experiencing or fearing a range of challenges when asked about their ability to make their group more inclusive of people with low-English:

- **Language:** *'If people don't speak the language' (of the group), even if everyone is nice to you and the coordinator is welcoming, the language issue makes new people feel uncomfortable because they cannot join the conversation.'*
- **Culture:** *'I think as they get older people want to feel a connection with their cultural background, and if there is no one there from that background they feel quite lonely.'*
- **Activities:** *'The games put them off quite a bit: bingo, footy tipping... They have lived here for a long time, they are familiar with what footy is, but they are just not interested.'*
- **Transport:** for very small communities, it may not be possible to have a group in their language in their area, and local councils do not offer transport outside their boundaries. Many SSGs do not have the funding to provide transport.
- **Staff reticence:** staff who have been in place for a long time or have a set way of working can be resistant to the introduction of new approaches. *'We are still training our staff in the new ASM-type model'* explains a coordinator. *'A lot of them are very old school, and say things like: 'They will just eat what they're given'. Or 'It's quicker and easier if I do it'. They just do what they've always done.'*

Towards inclusion: key principles

Three principles emerged from the consultation with workers and observation of various groups in the Eastern suburbs of Melbourne for this project:

- A person-centred approach that supports clients making decisions for themselves
- Flexibility in all aspects of the social group, and a solution-focused attitude to difference
- The development of partnerships with groups and agencies that represent the diversity of the local community.

It's simple, people make it too difficult: it's learning, talking to the family, watching, being in touch all the time... It's treating people how you would like to be treated, finding out what's important to that person, and carrying it out! SSG Coordinator

Observation - Different models, one goal: inclusion

Mixing it up: New Hope Foundation Café Bazaars

Café Bazaars around the South Eastern suburbs of Melbourne are a New Hope Foundation initiative, offering social activities that are flexible and provide choice to independent, multicultural clients. Of the five Café Bazaars, some are SSGs while others are social groups, open to people who are 65+ and are still independent, not frail and who are not ready for a SSG. Café Bazaars are open to people of all cultures. The Café Bazaar model promotes community connections, participation, social engagement and cross-cultural interactions.

The Café Bazaar in Oakleigh (funded by Monash City Council) started as result of extensive research and community consultation by the New Hope Foundation to address the issue of social isolation and resulting deterioration of health amongst CALD older people. It was identified at the time that the Oakleigh Senior Citizens Centre was underused and available as a venue. The Senior Citizens Centre comprises several rooms, including a billiard table, a card-playing room, a physical exercise space, a dining area and a kitchen. The Oakleigh Café Bazaar is not resourced to provide transport, nor meals (except afternoon tea).

For a case study of the Café Bazaar model (based on the Prahran example): <http://www.cshisc.com.au/develop/quality-case-studies/industry-spotlight-case-studies/workforce-innovation-with-cald-clients-new-hope-foundation/>

Celebrating diversity: Uniting Care East Burwood

Uniting Care East Burwood's experience with people of different cultural backgrounds started 'organically' over 12 years in response to the arrival of first Filipinos, then Sri Lankans (through a new Minister in the church) and now the occasional Italian or Iranian elderly person. At least once a month there is a country-specific celebration day. Uniting Care East Burwood also offers a monthly carers' group.

Uniting Care East Burwood's website actively promote the SSGs (renamed 'Positive Living Groups') cultural inclusion, with information such as 'People from diverse cultural and linguistic backgrounds are made welcome and an international theme is sometimes added to the delicious food enjoyed during the day.'

<http://www.ucebc.org/services/positive-living-groups/>

Montessori principles in action: MannaCare Grevillea House

MannaCare in Manningham offers SSGs and short-term respite care for people with dementia. Around a hundred people use the facility and its activities, including about twenty who are Greek-speaking (half of them who have lost their English due to dementia), six Italians and two or three people who migrated from China. The youngest client at the time of the consultation was 56 years old, and the oldest 99.

Last year MannaCare welcomed an Arabic-speaking woman with dementia, with whom they worked for about six months (see case study).

All staff and volunteers at MannaCare have been trained in, and use, the Montessori method. Clients are given more responsibilities and participate in the running of the group depending on their capacity. Attention is paid to their skills and strengths, which are then used to contribute to the group. MannaCare also provides support to carers, and put them in touch with each other for peer support if they are interested. For more information:

<http://mannacare.org.au/our-services/community-services/community-respite/>

Key Principle 1 – A person-centred approach that supports individual decision-making

By being person-centred, you tick the diversity box. Because what we learn really is we are all diverse. Take people with Australian background, they will all be different, they will have different interests... just because someone speaks a different language doesn't mean they don't want the same thing. SSG Coordinator

The principles of the Active Service Model were repeatedly invoked during this consultation as underpinning efforts to make services more person-centred – in itself a key step towards diversity and inclusion of all, people of CALD background included.

Access & Support workers highly valued a system that enabled them to work around a client's needs: *'We are able to do what we think is right for the person',* said one, *'we build rapport with the client and their carer, they trust us, we can then talk to the provider to express their needs'.*

Access & Support workers recommended visiting a Social Support Group with a client as a first step, and encouraging the client to *'show persistence and curiosity'*. A person may need to visit several groups before they find one they like. Their advice to services was to pay attention to the newcomer and make an effort to make them feel welcome, for instance by teaching other participants a few words in the language of the new person, or by putting up signs and photos that illustrate their culture: *'I took a lady to a group, and the coordinator had learnt a few words and taught them to other participants, so the day she arrived people were saying Hello and How are you to her in her language.'*

Whilst simple, this shows a willingness to engage with people from another language group and culture.

Another suggestion made by several of the staff interviewed was to create a buddy system, whereby newcomers are matched with an existing participant, who makes sure

they settle well in the group. The 'matching' can be made according to language or culture if the option exists, or by affinities or common personality traits.

Implementing ASM often acted as a trigger for services running SSGs to review their approach and train their staff accordingly. At Mountain View Cottage, the team *'had the opportunity to introduce the Active Service Model earlier on because we had a mandate we couldn't meet and needed to find flexible ways of delivering things because we only had so many resources and needed more participants (to join the SSGs)'*.

According to a SSG Coordinator, *'being person-centred is not just a philosophy, it's a practice, it's about how you carry yourself every day. It's not something you do separately, it's who you become.'*

This however can represent a massive change in the approach to working with older people who may have limited capacities (see case study 'Learning to let go'). It may meet varying degrees of resistance from staff who are used to working differently. One of the services, who was training staff in the Active Service Model, admitted to difficulties in changing the mind-set of staff who has been there for a long time.

A service centred on the person also allows for the layers and complexities of culture to be understood and for the most suitable SSG to be found. As previously mentioned, it should not be assumed that a person from a certain CALD background will want to attend a group of the same background, for a variety of reasons. It is important to understand a person's interests and hobbies, or personality traits, and match them to a group on that basis. Numerous examples of this were mentioned during the consultation.

Rather than trying to get a separate group by culture, we did it by affinities. What affinities do people have, what are the things they have in common? Language is secondary then, people find a way to communicate and to make each other feel welcome if they have something that brings them together beyond the language. Language is just a tool that gets what you want, it is not who you are. SSG Coordinator.

Chess has been something that has brought people together in our group. Yesterday an Asian man with very little English was playing chess with a Serbian guy. There is another language that happens between people. That whole chess thing came out of the blue, all of a sudden there was a chess board one day and it happened. Men's Shed Coordinator.

The key to a person-centred approach is that it requires flexibility, so that the service can work around the participant, rather than the participant needing to fit in the service.

Key Principle 2 – A flexible model of delivery that accommodates difference

At the moment I am working with a client who is quite difficult, quite resistant (...) and we are trying to be creative and think outside the box on how to present the SSG to the family and the client to get all the children on board. (...) That's the flexibility that I like.'
Access & Support Worker

Flexibility was mentioned by all workers interviewed and implicitly by SSG participants. It was also clearly observed in the SSGs that appeared as most inclusive of cultural diversity. It relates to areas as diverse as activities, room set-up and staff recruitment'. Flexibility goes hand-in-hand with a positive, solution-focused attitude that believes difference can always be accommodated.

There is no such thing as No here, there is no such thing as 'we can't do it'. We have never turned anyone away. There is always a way. SSG Coordinator

Activities

Flexibility in this regards covers what activities are offered and how much freedom participants are given to take part – or not.

There is no doubt that some activities suit people of different CALD backgrounds best, as they involve little use of language: exercise, outings (which are very popular), or music. Because it can be demonstrated rather than explained, exercise was seen as easy to practice across language levels, and was very attractive to many. Its popularity means that it can be used as a drawcard to bring people together: *'When the mainstream group does exercise, all the Chinese participants join in. Exercise is universal, everyone can do it, there is no language barrier, little cultural barrier, all do exercise together as a bigger group, and when they have other activities they split.'* A&S worker.

In this particular case, the fact that the two groups are exercising together has created opportunities for people to meet, when their paths may not otherwise have crossed; as a result, participants in the mainstream group expressed an interest in joining the Chinese group for activities, and some of them learnt to play Majong.

In order to accommodate people's preferences, a SSG needs to offer a range of activities concurrently. Going from one activity to another offers the additional advantage of making people move around, which is good physically but also encourages people to mix with others rather than stay in their familiar group.

This said, some participants may simply enjoy being in a room with others, without feeling the need to actively take part in any of the activities. They should be allowed to do this without being pressured to join in. This was the case for Giovanni in East Burwood, who, according to his daughter, has lived all his active life as a shop owner surrounded with people and suffered greatly from the increased isolation of old age.

Giovanni may spend a whole SSG sitting quietly and listening to Italian music, but would still come home with 'an extra spark' from spending the day with others.

Physical environment

The importance of the physical space in which a social group is based was repeatedly mentioned during the consultation. As well as creating a first impression, the presentation of the space and the attention to detail are signs of respect for participant. *'We had to do a lot of work to give that sense that when you come here you are special, it's all about you'*. SSG Coordinator.

Rooms can be set up to create 'flow' between activities, and influence group dynamics. This in turn impacts participants' enjoyment of a group and activities. *'If the participants are all on the same table and people gather in small language groups and talk amongst themselves, it can be uncomfortable for everyone'*. A better set-up is to have small tables dispersed around the room where people can sit around language affinities or activities; even better, if the premises allow it and there is sufficient staff to ensure safety, is to have a space that offers several rooms for card-playing, exercise, watching television or simply relaxing. One Access & Support Worker called this *'coexisting rather than mingling'*.

Not all SSGs will have access to whole houses (such as Grevillea House or Mountain View Cottage). However a room or community hall can be arranged to accommodate a central area and 'corners' (such as Uniting Care East Burwood), giving participants a choice of how much they want to engage with others, and with whom.

Setting up a welcoming physical environment extends to signs in languages other than English, or easily understood by non-English speakers. *'Montessori is definitely a useful tool when working with people who don't speak English'* explained one SSG coordinator, illustrating how SSG participants had taken on some tasks in the facility. *'We have signs here about weeding the garden, peeling vegetables, or feeding the chooks.'*

Food

Food can be a 'make or break' issue for participants in a SSG: *'The group needs to be informed of (new clients') food choices, but should never make assumptions solely based on culture'*. While food preferences need to be accommodated, it would be wrong to stereotype that people only eat food from their country or culture. *'Chinese (people) don't always want to have Chinese food, they love Italian food too. Get people to talk about food in their culture and cook for everyone.'*

Increasingly, as they adopt a more skills-based approach to their work with older people, SSGs are moving towards letting clients take part in the preparation of meals, acknowledging that dementia or other impairments do not hinder people's ability to undertake simple tasks, like peeling vegetables.

At Uniting Care East Burwood, where cultures are celebrated on national days and throughout the year, food is a core part of celebrations. It can also be a mean of sharing one's culture with others, without common language being a pre-requisite: *'In my Cambodian group'* explained an A & S worker, *'people love to cook, show others and learn new things'*.

Staff

'It was very nerve-racking at the beginning but as we transitioned we noticed how easy it became, because your responsibility is no longer to make everybody happy, it is to allow them to work it out.' SSG Coordinator

Workers interviewed all felt that staff support at all levels was essential to give services the flexibility required for a person-centred approach to be implemented. This went from volunteers to group coordinators and agency managers.

From managers, staff valued permission to *'trial things'* (and sometimes fail), particularly around attempts to give clients more opportunities to participate in the running of activities. Managers also have a leading role to play in ensuring that staff are trained in cultural competency. Access & Support Workers pointed out that many SSGs do not have a policy on cultural awareness and competency.

Key to the ability to innovate is recruiting the right people. Flexibility and a willingness to work with clients' strengths rather than their deficits are essential. At Mountain View Cottage, the ability to deal with change is required from new members of the team, as *'you have to be able to relinquish control and accept that things won't always go to plan when you work with people'*. Psychological testing was introduced during recruitment to ensure that new staff had the required inner flexibility and adaptability to deal with constant change and a *'trial and error'* approach.

Volunteers need to also embrace this approach, which can be challenging for those who have followed a certain practice for a long time. It can also be difficult for paid staff to let volunteers know that their approach no longer fits the agencies' direction. Allowing time for change and providing training helps bring people along on this journey.

Culturally, it is essential that the staff and volunteer workforce reflects the diversity of the community they serve: *'From an organisational perspective, agencies need to employ staff who speak the language of the area. For instance in Oakleigh, every agency should have at least one Greek-speaking worker.'* Local migrant resources centres, multicultural agencies and Department of Immigration data all provide information about the cultural make-up of communities. While the ability to speak community languages is useful, in-house knowledge of cultural norms around health and ageing are even more necessary to the development and implementation of culturally appropriate services.

Key Principle 3 – Developing partnerships

It was evident from the consultation that the agencies that had been successful in including people with low English language abilities into a mainstream group were those who:

- were knowledgeable about their local community
- had developed partnerships with ethno-specific groups or multicultural agencies.

This included: Uniting Care, who had developed relationships with the Filipino and Sri Lankan community (many of the referrals to Uniting Care East Burwood come from the local church, a very multicultural congregation); Whitehorse City Council, who had conducted a survey of the needs of its aged population; the Oakleigh Citizen Centre and the New Hope Foundation; and the Manningham Men's Shed with a local Chinese men's group.

Access & Support workers play an essential role in this regards, as they have their 'ears to the ground' regarding community activities. By their own admission, Access & Support workers from the Migration Information Centre in Box Hill have to '*think outside the box*' in their attempt to create social connections for their clients. They attend networks, visit churches, cafes, Ba'hai groups, as well as ethno-specific agencies.

Case study – Thinking outside the box

Access & Support worker Emily works with an elderly Persian woman, who lives near Box Hill. She was able to find a Persian group for her, but the woman was not comfortable, as all the other group members were men – traditionally, older Iranian women are at home looking after their grandchildren, and it is common that only men access social activities. The elderly woman went to the group once, saw all the men playing backgammon, and never went again.

Emily then approached a Ba'hai group in the LGA, who was happy to welcome the client. Most Ba'hai groups have Persian speakers, and there are Ba'hai groups in most suburbs. The activities that the client attends have no religious component, and are purely social. Emily has placed clients in different Ba'hai groups: 'They are very accepting of people of all religions, and they have members everywhere who are happy to pick people up (if they require transport)'.

For the Manningham's Men Shed, it was the opportunity to work with a local Chinese group that led to four Chinese men joining the shed, with quantitative and qualitative benefits for all: more members but also better inter-racial relationships with some long-serving members who were originally looking at the newcomers with a certain degree of hostility. The Men's Shed has also formed a partnership with the local secondary school, which has a number of bi-cultural and bi-lingual students.

In the Eastern Region, the Migrant Information Centre is an excellent source of information about local CALD communities, cultural norms and local connections, through its Access & Support workers and a website that contains in-language resources and research papers on the needs of the ageing population in its catchment area.

The EMR Alliance is supported by the Victorian Government and supported by the Australian Government Department of Health. Visit the Department of Health website (<http://www.health.gov.au/>) for more information. *Disclaimer: Although funding for this resource has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.*