Enhancing Aged Care Services for Diverse Communities: Insights and Recommendations from Focus Group Research in South Australia

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Abstract

Australia's ageing population is becoming increasingly diverse, necessitating a thorough understanding of how culturally and linguistically diverse communities perceive and anticipate accessing aged care services. This study, conducted by the Multicultural Communities Council of South Australia, investigates the preparedness, awareness, and potential barriers faced by CALD individuals over 50 years who are not yet accessing aged care services, representing the next generation of care recipients.

Focus groups were conducted with participants from Greek, Latin American, Chinese, Tamil-speaking, and Muslim communities. The study examined awareness levels, information sources, perceived barriers to access, and decision-making processes regarding aged care services. This qualitative approach allowed for in-depth exploration of cultural nuances and community-specific concerns.

The study revealed varying levels of awareness across communities, with more established groups demonstrating better understanding of available services. Key barriers identified include language difficulties, cultural expectations around family care, and a lack of culturally appropriate services. The research highlighted the crucial role of family in care decisions and the challenges faced in navigating the complex aged care system. Financial misconceptions and emerging information channels were also noted.

The findings underscore the need for tailored approaches to service delivery and information provision, recognising the diverse needs of different cultural groups. The study concludes that cultural competence and family-centred approaches are essential in creating an inclusive and accessible aged care system.

This research provides insights for policymakers and service providers, offering a roadmap for enhancing aged care accessibility. Recommendations include family-centred approaches to aged care, cultural intelligence training for aged care staff, partnerships with multicultural organisations for information dissemination, addressing financial misconceptions, and diversifying digital platforms for outreach. These strategies aim to create a more inclusive aged care system that respects and accommodates the needs of Australia's ageing diverse population.

Multicultural Communities Council of South Australia

1. Introduction

1.1. Background on the Multicultural Communities Council of SA

The Multicultural Communities Council of South Australia (MCCSA) is the peak organisation dedicated to serving, empowering, and advocating for the culturally and linguistically diverse (CALD) communities in South Australia. As part of its mission, the MCCSA aims to support and strengthen the home support service system, enabling Commonwealth Home Support Programme (CHSP) service providers to operate effectively and align with the objectives of the CHSP within the broader aged care system.

The MCCSA Sector Support and Development Service, funded by the Australian Government Department of Health and Aged Care under the CHSP, plays a crucial role in achieving these goals. The primary objective of this service is to provide support, development, and capacity-building initiatives for CHSP service providers, ensuring they can deliver high-quality, culturally appropriate care to diverse communities in South Australia.

Through its work, the MCCSA strives to bridge the gap between diverse communities and aged care services, promoting equitable access and improved outcomes for older individuals from diverse backgrounds. By conducting research, such as this focus group study, the MCCSA aims to identify barriers, gather insights, and develop recommendations to enhance the accessibility and inclusivity of aged care services for multicultural communities in South Australia.

1.2. Purpose and objectives of the focus group research

The primary purpose of this focus group research was to gain a deeper understanding of the barriers, challenges, and experiences faced by diverse communities in South Australia when considering aged care services, including the CHSP. The focus groups comprised individuals over 50 years who were not yet accessing aged care services, representing the next generation of care recipients.

The study aimed to gather evidence and insights that could inform policy development, service design, and community engagement strategies for aged care services in Australia.

The specific objectives of this focus group research were:

i. To assess the level of awareness and understanding of aged care services, including CHSP, among diverse communities in South Australia.

ii. To identify the main sources of information about aged care services utilised by diverse communities and evaluate the accessibility and cultural appropriateness of the available information.

iii. To explore the barriers and challenges that prevent diverse community members from accessing aged care services, including cultural, linguistic, and systemic factors.

iv. To understand the community attitudes, misconceptions, and decision-making processes surrounding aged care services within diverse communities.

v. To gather suggestions and recommendations from diverse community members on how to improve the awareness, accessibility, and inclusivity of aged care services.

1.3. Overview of the focus group methodology

To gather comprehensive insights into the experiences and perspectives of diverse communities regarding aged care services in South Australia, a focus group methodology was employed by The New Mainstream. This is the multicultural market research, advisory and outreach service of MCCSA that connects businesses, industries, and researchers with people from CALD backgrounds.

Focus group discussion (FGD) were conducted by The New Mainstream researchers with individuals from various culturally and linguistically diverse backgrounds, including Greek, Latin American, Chinese (Mainland), Tamil-speaking, as well as Muslim men.

The focus groups were designed to facilitate open and inclusive discussions, allowing participants to share their thoughts, experiences, and concerns related to aged care services. Each focus group consisted of 6-8 participants, ensuring a diverse range of perspectives while maintaining a manageable group size for effective discussion.

A set of questions was developed to guide the FGD. These questions were designed to be open-ended and non-leading, encouraging participants to share their genuine experiences and opinions.

The FGD were conducted in English (Latin American, Tamil-speaking, Muslim), Greek (Greek group), and Mandarin (Chinese group). A note-taker was present for each group to record the discussions.

The data collected were then translated (where necessary) and analysed using thematic analysis techniques. This process involved identifying common themes, patterns, and issues that emerged across the different focus groups, and allowed for a comprehensive understanding of the experiences and perspectives of diverse communities regarding aged care services in South Australia.

2. Awareness and Understanding of Aged Care Services

2.1. Familiarity with aged care services, including CHSP

The FGD revealed varying levels of familiarity with aged care services, including the CHSP, among participants from diverse communities in South Australia.

A significant number of participants expressed limited knowledge and understanding of the available aged care services and support systems. However, some participants, especially those who had been in Australia for a longer

period or had family members or friends who had accessed aged care services, demonstrated a better understanding of the available support options. Nonetheless, even among these participants, the depth of knowledge about specific programs like CHSP or HCP, and the range of services offered, was often limited.

The FGD highlighted that the level of familiarity with aged care services varied not only among individuals but also across different diverse communities. Some communities, particularly those with well-established networks and community organisations, such as the Greek community, appeared to have better access to information and resources related to aged care services. In contrast, other communities, especially those with smaller populations or more recently arrived migrants, as was the case with the Chinese and Muslim community members, faced greater challenges in accessing relevant information and understanding the available support options.

These findings underscore the need for targeted outreach and information dissemination strategies to increase awareness and understanding of aged care services among diverse communities in South Australia.

2.2. Sources of information about aged care services

The FGD revealed a diverse range of information sources utilised by diverse communities in South Australia to learn about aged care services. However, the effectiveness and accessibility of these sources varied significantly across different cultural groups and individuals.

For better-established communities like the Greek, community events emerged as a particularly important source of information for many participants. These events, often organised by local cultural associations or churches, provided valuable opportunities for community members to learn about aged care services in a familiar setting. Participants across all groups reported that information sessions and workshops organised within their communities were often more accessible and engaging than mainstream information channels. These events allowed for face-to-face interactions with service providers and organisations such as Dementia Australia and Carer Gateway, fostering trust and enabling attendees to ask questions in their preferred language.

Many participants also highlighted the crucial role of word-of-mouth information sharing within their communities. Family members, friends, and community elders who had experience with aged care services often served as important sources of information and guidance. This informal network of information sharing was particularly valued in communities where there may be language barriers or a cultural preference for personal recommendations.

However, the reliance on community events and word-of-mouth information sharing also presented challenges. Some participants noted that the information provided at community events was sometimes inconsistent, outdated, or misleading. Additionally, those who were less connected

to their cultural communities or who had recently arrived in Australia, as was the case particularly amongst certain Latin American as well as Muslim community members, often found themselves at a disadvantage in accessing this type of information.

Another source of information mentioned by participants of all groups was GP's offices. Many participants reported that their family doctors were accessible points of contact for obtaining information about aged care options, particularly when health issues or increased care needs became apparent.

Some participants also reported using online resources, such as the My Aged Care website, though many found these challenging to navigate due to language barriers or limited digital literacy.

2.3. Understanding of eligibility criteria

The FGD revealed a significant level of confusion and uncertainty among diverse community members regarding the eligibility criteria for aged care services in Australia. This lack of clear understanding is consistent with broader research findings on the experiences of diverse communities in accessing aged care services, as older people and their carers often struggle to understand the complexities of the aged care system, including eligibility requirements. This is particularly challenging for those with limited English proficiency or those who have recently migrated to Australia.

The focus group findings aligned with existing research, showing that when faced with questions about eligibility, many diverse community members first turn to informal sources within their communities. Word of mouth emerged as a primary source of information, with individuals often seeking advice from family members, friends, or respected community figures who have had experience with aged care services.

3. Barriers to Accessing Aged Care Services

The FGD and existing research on diverse communities in Australia have identified several significant barriers that prevent community members from accessing aged care services. These barriers are multifaceted and often interconnected, and are frequently rooted in misconceptions and concerns about aged care services.

3.1 Language Barriers

Language barriers consistently emerge as a primary obstacle. Many older adults have limited English proficiency, which makes it difficult for them to navigate the aged care system, understand available services, and communicate effectively with service providers. This language barrier extends to written materials, online resources, and telephone services, which are often only available in English or a limited number of languages.

3.2 Cultural Expectations and Stigma

Cultural barriers also play a significant role. Many communities have strong cultural beliefs and practices around caring for older family members, which can conflict with the current model of aged care services. Many of the respondents discussed the stigma associated with seeking external help, and cultural expectations that family members should provide all necessary care. Some respondents mentioned that external help could be viewed as "neglect" or "betrayal of family duties". The majority of the group participants across different groups indicated that their preference would be, if they lost some of their independence, to be looked after and taken care of by family members. Finally, participants across all groups indicated that using aged care services might be seen within their respective communities as "abandoning their elderly".

3.3 Lack of Cultural Appropriateness

Additionally, almost all focus group participants (except those from the established Greek community that has ethno-specific providers available at all levels) expressed concerns about the cultural appropriateness of services, including dietary requirements, religious practices such as prayer accommodations, and gender-specific care needs. For Muslim participants in particular, gender-specific care is pivotal. Many fear that their cultural needs will not be understood or respected, leading to hesitation in seeking support.
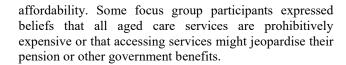
3.4 Misconceptions About Service Eligibility

Another common misconception is the belief that aged care services are only for those who are very ill or unable to care for themselves. Many focus group participants expressed the view that services like the CHSP are only for the frail or severely disabled. This misunderstanding can prevent people from accessing early intervention services that could help maintain independence and prevent rapid decline.

3.5 System Complexity

The navigational complexity of the aged care system was frequently cited as a barrier. The Australian aged care system, with its various programs, eligibility criteria, and assessment processes, can be overwhelming and confusing, particularly for those from diverse backgrounds who may be unfamiliar with such systems. This complexity can lead to frustration and disengagement from the process of seeking support.

3.6 Financial Concerns

Financial concerns also emerged as a barrier, with some participants expressing uncertainty about the costs associated with aged care services and concerns about affordability. Some focus group participants expressed beliefs that all aged care services are prohibitively expensive or that accessing services might jeopardise their pension or other government benefits.

3.7 Technological Barriers

Technology-related challenges were raised, especially by older participants. Many expressed frustrations with the increasing reliance on digital platforms for managing care services. Limited English skills and low digital literacy compounded these difficulties, resulting in reduced access to information and increased dependency on family members or community workers for assistance.

3.8 Loss of Independence and Privacy Concerns

There are also concerns about loss of independence and privacy. Some diverse older adults fear that engaging with aged care services will lead to a loss of control over their daily lives or intrusion into their personal affairs. This concern is often exacerbated by negative stories or experiences shared within communities, which can create a collective wariness towards formal care services.

3.9 Challenges in Family Involvement

Family involvement in care decisions emerged as a recurring theme, as it is deeply rooted in cultural values. However, many participants highlighted the challenges they face in this regard. While they strongly desire their families to be part of the care planning process, or in the past have been asked to be part of a family consultation about access to care, current regulations often hinder effective participation.

3.10 Distrust Due to Negative Publicity

Lastly, the bad publicity surrounding the aged care system following the Royal Commission into Aged Care Quality and Safety, as well as the mishandling of the COVID-19 pandemic by nursing homes, has resulted in distrust among many communities towards the aged care system and reluctance to engage with aged care services.

4. Community Attitudes and Decision-Making
4.1. Attitudes towards aged care services over time

Our FGD did not reveal a significant shift in attitudes towards aged care services among diverse communities in South Australia over time. Traditional views and cultural preferences continue to play a substantial role, with minimal evidence of evolving perspectives among the next generation of potential care recipients.

Some Greek participants, who come from a well-established community and have been in Australia for longer periods, noted an increasing acceptance of formal aged care services within their communities. They reported

that their community is becoming more open to the idea of supplementing family care with professional services. However, cultural considerations remain quite important, and this acceptance is largely due to the availability of choices among ethno-specific providers.

The evolution of aged care services, particularly efforts to provide more culturally appropriate care, has certainly influenced attitudes. Participants from the Chinese group mentioned awareness of Chinese providers who are responsive to cultural and linguistic needs, making them more willing to consider these as viable options. The availability of bilingual staff, culturally specific programs, and services that accommodate religious and dietary requirements has helped to build trust and acceptance.

Despite these positive changes, the focus groups overall revealed that progress is not uniform, and traditional views still persist strongly in some communities. Older generations, in particular, often maintain a preference for family-based care and may resist changes in attitudes. Additionally, more recently arrived migrant groups tend to have less exposure to the aged care system and may hold onto traditional views more strongly.

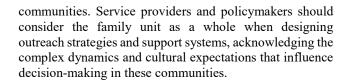### 4.2. Role of family members and informal carers in decision-making processes

Our FGD reaffirmed the significant role that family members and informal carers play in the decision-making processes regarding aged care services among diverse communities in South Australia. This involvement is deeply rooted in cultural values and traditions, though the nature of this involvement is complex and sometimes evolving.

Many participants emphasised that decisions about aged care are often viewed as family matters rather than individual choices. Older adults frequently consult with their children and other close family members before making important decisions, such as accessing services. This family-centred approach to decision-making reflects cultural norms and collective responsibility for elder care.

The focus groups revealed that informal carers, often adult children or spouses, have a particularly influential role in the decision-making process. However, the discussions also uncovered tensions that can arise. In some cases, older adults expressed reluctance to access services, preferring to rely solely on family care, while their adult children advocated for professional support.

Additionally, family members often act as cultural and linguistic bridges between older adults and the aged care system. Many participants relied on their children or younger relatives to navigate the complexities of accessing services, including interpreting information, filling out forms, and communicating with service providers. This intermediary role of family members was seen as crucial in overcoming language barriers and cultural misunderstandings.

These findings underscore the importance of recognising and engaging with family members and informal carers in the process of accessing aged care services for diverse communities. Service providers and policymakers should consider the family unit as a whole when designing outreach strategies and support systems, acknowledging the complex dynamics and cultural expectations that influence decision-making in these communities.

5. Recommendations for Improving Awareness and Accessibility

Based on the insights gathered from the FGD and analysis of the current challenges faced by diverse communities in accessing aged care services, the following recommendations are proposed to enhance awareness, accessibility, and cultural appropriateness of aged care services in Australia:

5.1. Encourage and Support Family Involvement

Recognising and facilitating the crucial role of family members in the aged care decision-making process is paramount. To achieve this, it is recommended to develop resources and programmes that educate and empower family members to effectively participate in care planning and delivery. Creating family liaison roles within aged care services can facilitate better communication between providers, older adults, and their families. Additionally, current regulations should be reviewed and adapted to allow for more meaningful family involvement in care decisions and delivery, whilst maintaining necessary safeguards.

5.2. Promote Positive Narratives and Success Stories

To counter negative perceptions and build trust in the aged care system, it is essential to collaborate with diverse communities to collect and share positive experiences and success stories of accessing aged care services. Developing a multicultural aged care ambassador programme, featuring respected community members who have had positive experiences with aged care services, can help promote trust and understanding. Furthermore, creating targeted media campaigns that highlight improvements and positive changes in the aged care sector, particularly in response to the Royal Commission findings, can help rebuild public confidence in the system.

5.3. Address Financial Concerns and Misconceptions

Tackling the financial barriers and misconceptions that prevent diverse communities from accessing aged care services is crucial. This can be achieved by developing targeted financial literacy programmes about aged care costs and funding options, delivered in community languages. Creating and distributing clear, multilingual fact sheets about how accessing aged care services impacts pensions and other government benefits can help dispel common misconceptions. Additionally, offering financial counselling services in community languages can help

individuals and families plan for aged care costs more effectively.

5.4. Implement Cultural Intelligence and Competence Training for Aged Care Staff

Encouraging and facilitating high-quality cultural intelligence training for all aged care organisation staff, coupled with organisational cultural competence training for managers and leadership teams, is essential. This two-pronged approach addresses both individual interactions and systemic practices. For frontline staff, cultural intelligence training can focus on developing adaptability, empathy, and effective communication skills across diverse cultural contexts, including practical scenarios and case studies specific to aged care settings. For managers and leaders, organisational cultural competence training can emphasise creating inclusive policies, fostering a culture of respect for diversity, and developing strategies for culturally appropriate service delivery.

Whilst these training programs may not predict or address every cultural misunderstanding, they will equip workers at all levels with the necessary tools and frameworks for operating effectively in environments characterised by cultural diversity. This approach will enhance the ability of aged care organisations to recognise and respond appropriately to diverse cultural needs and expectations, improve communication and trust between staff and clients from various cultural backgrounds, develop and implement culturally sensitive care plans and service delivery models, create a more inclusive and welcoming environment for both staff and clients from diverse communities, reduce instances of culturally-based misunderstandings or conflicts, and enhance overall service quality and client satisfaction across diverse populations.

5.5. Leverage Multicultural Organisations for Information Dissemination and Community Support

Utilising the pivotal role of multicultural organisations, such as MCCSA, in disseminating aged care information and providing support within diverse communities is crucial. These organisations enjoy high levels of trust and can serve as effective conduits for information sharing and community engagement. Establishing formal partnerships between the government and multicultural organisations to create targeted information campaigns and enhance community support services is recommended. Additionally, providing funding and resources to multicultural organisations to develop and implement holistic care approaches that assess and involve family support systems, particularly for communities where family care is deeply valued, can be highly effective. This approach leverages existing community structures and trust networks to overcome barriers to access and understanding of aged care services.

5.6. Diversify Digital Platforms for Targeted Information Dissemination

Leveraging popular social media platforms and digital channels to reach diverse communities more effectively is essential in order to reach users on the platforms they already frequent. It is recommended to develop and maintain official, language-specific social media presence on platforms respectively used by diverse communities to disseminate aged care information effectively. For instance, creating a Chinese-language account on WeChat and establishing a Spanish-language channel on WhatsApp for Latin American communities can significantly improve information dissemination. Furthermore, creating multilingual mobile applications that provide easy access to aged care information and services, ensuring they are user-friendly for older adults with varying levels of digital literacy, can enhance accessibility and engagement with aged care services.

By implementing these recommendations, the government and aged care sector can work towards creating a more inclusive, accessible, and culturally appropriate aged care system for diverse communities in South Australia. These strategies aim to address the unique challenges faced by different cultural groups while leveraging existing community strengths and networks to improve outcomes for older adults from diverse backgrounds.

6. Conclusion
6.1. Summary of Key Findings and Insights

This focus group research has provided valuable insights into the experiences, challenges, and needs of diverse communities in South Australia regarding aged care services. The key findings include:

1. Varying levels of awareness and understanding of aged care services across different communities, with more established communities generally having better access to information.

2. A strong reliance on informal, community-based sources of information, including family members, community events, and word-of-mouth recommendations.

3. Significant barriers to accessing aged care services, including language difficulties, cultural expectations, lack of culturally appropriate services, misconceptions about eligibility and costs, and technological challenges.

4. The crucial role of family members in decision-making processes and as intermediaries between older adults and the aged care system.

5. Persistent traditional views and cultural preferences regarding elder care, with minimal evidence of changing attitudes among the next generation of potential care recipients.

6. The impact of negative publicity surrounding the aged care system, leading to distrust and reluctance to engage with services.

6.2. Recommendations for Aged Care Service Providers and Policymakers

These findings have several important implications:

1. **Need for tailored approaches**: One-size-fits-all solutions are inadequate. Aged care services and information dissemination strategies must be tailored to the specific needs and preferences of different cultural communities.

2. **Importance of cultural competence**: Service providers must prioritise cultural competence at all levels of their organisations to effectively serve diverse communities.

3. **Family-centred approach**: Policies and services should recognise and accommodate the central role of family in many cultures' approach to elder care.

4. **Trust-building imperative**: Concerted efforts are needed to rebuild trust in the aged care system, particularly among diverse communities.

5. **Digital strategy rethink**: While digital platforms offer opportunities for information dissemination, strategies must account for varying levels of digital literacy and preferences for face-to-face communication.

6. **Collaborative model**: Effective engagement with diverse communities requires close collaboration with multicultural organisations and community leaders.

6.3. Recommendations for Future Research and Community Engagement

To build on this research and further improve aged care services for diverse communities, we recommend:

1. Longitudinal studies: Conduct longitudinal research to track changes in attitudes and needs over time, particularly as younger generations age.

2. Quantitative validation: Complement this qualitative research with quantitative studies to validate findings across larger population samples.

3. Service co-design: Engage diverse communities in co-designing aged care services and information resources to ensure cultural appropriateness and effectiveness.

4. Pilot programs: Implement and evaluate pilot programmes based on the recommendations in this paper, with a focus on measuring outcomes and identifying best practices.

By addressing these recommendations, policymakers and service providers can work towards a more inclusive, accessible, and culturally appropriate aged care system that meets the diverse needs of South Australia's multicultural population. This approach will not only improve outcomes for older adults from diverse backgrounds but also contribute to a more equitable and cohesive society overall.