

The use of elder care and the importance of cultural factors

W. Kathy Tannous

Australia's population is more diverse today than in the past and is ageing at a faster pace compared with other developed countries. The government's decision to age in place has placed increasing pressure on families to undertake informal care of their aged family members. This is a process of risk assignment of care away from the government in terms of formal care to those in the community. The government has supported this in providing a range of formal care services such as homecare and community aged care packages. However, in the design of the support network they have made important assumptions that is everyone has equal access and opportunity cost to this information and services. For a large group of elderly and their carers the opportunity cost is high in accessing these information and services and culture is an explanatory factor for this. This research explores the level of knowledge and access by providers and recipients of aged care. This is particularly salient in many ethnic cultures where the process of putting a family member in residential aged care is looked down upon. The expectation is for families to care for their aged parent and/or relatives and if use is made of formal care services, the family members would feel ostracised by their ethnic community for their actions. This paper begins by discussing the changing cultural makeup of Australians today and the value placed on the aged in this society. This is followed by a description of the method used in this study of collecting primary data using two forms: distribution of survey instruments and in-depth interviews with providers of care and other stakeholders. The paper concludes by providing analysis of both the quantitative and qualitative data that demonstrate that cultural factors are highly important in access to community and residential aged services by both the care recipient and their family.

Field of Research: Government Policy; Provision and Effects of Welfare Programs, Economics of the Elderly; Social Norms and Social Capital;

1.0 Introduction

Australia's population is more diverse today than in the past and is ageing at a faster pace compared with other developed countries. In 1901, 95.2 per cent of Australians had been born in Australia. From the end of World War II until the mid 1950's Australia, with a rapidly expanding economy, rising living standards and labour shortages, received large numbers of immigrants primarily from the Anglo-Celtic cultures of the United Kingdom and Ireland.

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These cultures were perceived as not being too dissimilar to the Australian culture at the time. In the 1960s, migrants from other European countries were accepted, particularly from Italy and Greece (Australian Bureau of Statistics, 2001). From 1972, the Australian Government's policies facilitated a greater ethnic mix. In 2006, 23.9 per cent¹ of Australia's population were born overseas; with 17.1 per cent of people spoke other languages and English not well or not at all² (Australian Bureau of Statistics, 2007). The projections by the Australian Bureau of Statistics point to further ethnic diversification by the year 2030 (Table 1).

Table 1 Ethnic Composition, Australia - 1947, 1987, 1999 and 2030(a, %)

	1947	1987	1999	2030
Anglo-Celtics	89.8	74.6	69.9	66.3
European	7.5	18.4	18.3	18.0
Asian	1.8	5.3	9.6	13.0
African	-	0.1	0.1	0.4
Latin American	1.0	0.3	0.1	1.0
Pacific Islander	0.1	0.3	0.5	0.6
Aboriginal Torres Strait Islander	/ 0.8	1.0	1.5	0.9
Total	101.0	100.0	100.0	100.2

(a) Projection based on assumed 80,000 net migration per annum.

Source: Australian Bureau of Statistics, 2001.

The composition of the Australian population is also changing. In 1976, Australia had 9 per cent of the population aged over 65 years of age, or 1.3 million people. In 2006, there are 2.5 million people over the age of 65 years, or 12.5 per cent of the total population (Australian Bureau of Statistics, 2007). By 2016, this rate is expected to increase to 16 per cent and by 2051 over 25 per cent will be aged over 65, or 6.03 million (Access Economics, 2001). The ethnic mix of the older population is also projected to increase substantially over the next thirty years. In 1996, Australian-born and overseas-born people from the main English speaking countries constituted 69.1 per cent and 13.1 per cent respectively. While overseas-born people from culturally and linguistically diverse backgrounds constituted 17.8 per cent of the older population of Australia, or 392,800 people³. Over the next twenty years, the number of older people from culturally and linguistically diverse backgrounds is expected to increase to 939,800 in 2026 from a total of 4.4 million older people. For the more advanced ages, the 80 and over where older people have a higher level of need for formal and informal care services, 28.7 per cent and 22.9 per cent of the population will be from culturally and linguistically diverse backgrounds and Australian born respectively (Gibson, et al., 2001).

Traditionally older people were revered, respected and were cared for in the home until death (Wallace et al., 1998, Keister and Blixen, 1998). The mobilization of society with a move to changing workforce and technological advances changed the primary structure of families during the 1950s and 1960s

(Wallace et al., 1998). Women's roles and their participation in the labour market have shifted with a greater number of women choosing to remain active in the labour market through a major proportion of their working lifespan. The family structures and their composition have also been changing. The 'family' has experienced decreased size and declining family cohesion (Chen, 2000). The family makeup is more varied than it had been. Today, couple families continue to be the most common family type but with an increasing proportion of couples without children increasing from 28 per cent in 1976 to 36 per cent in 2001. There have also been an increasing number of one parent families with dependent children in recent decades, increasing from 7 per cent in 1976 to 11 per cent in 2001 (Australian Bureau of Statistics, 2006). The Australian Bureau of Statistics projects that by 2021, the most common family types will be couples without children and lone person households (Australian Bureau of Statistics, 1999a).

Older age people can, and do, still express, a strong preference to stay in their home; around 60 per cent of those aged at least 70 have expressed a clear preference to remain in their homes (Hogan, 2004). The largest source of support for older people for practical, emotional and financial continues to come from extended family and partners (Steering Committee for the Review of Government Service Provision, 2006, Fine, 1999). In 2003 more than 90 per cent of older people living in the community who require help to self-care, mobility or communications receive assistance from the informal care networks of family, friends and neighbours (Australian Bureau of Statistics, 2004). Formal community care provision has been described as being in response to meeting older people's preferences to continue to dwell in their home and in the community in which they have always lived; and in recognition of the increased care needs of the aged and the limited availability of informal care. This preference for older people to 'age in place' is similar to that which exists in most OECD countries. To age in place means to remain living in the community independently, for as long as possible, and for as long as community support services are available (Hobbs and Damon, 1996, National Canadian Advisory Council on Aging 1993, Sax, 1993, Conference for Older Australians, 1998, Hogan, 2004). However, the ageing in place approach raises a number of concerns. These include that many needy family caregivers do not or cannot effectively access care (Feinberg and Ellano, 2000); a wife caregiver's need for care-giving assistance being perceived less than husband caregiver's perceived need, (Given, et al., 1999); and a large proportion of caregivers not knowing whom to contact for information regarding sources of care giving assistance (Yordi, et al., 1997). This is coupled with limited availability of respite support for carers despite ambiguous evidence that respite programs reduce caregiver burden or depression and inconsistent evidence that respite delays the institutionalization of persons suffering from dementia (Strang and Haughey, 1998).

The key national objectives for aged care services are accessibility, appropriate to needs, high quality and efficient. The Australian *Aged Care Act 1997* and its principles has identified the following as having special needs: people from indigenous communities, people from non-English speaking background countries, people who are financially or socially disadvantaged and veterans.

The Steering Committee Report on Government Services (2006) determined that cultural differences may influence the extent to which people born in non-English speaking countries use different types of services. Economists have been reluctant to use culture as a possible explanation for economic phenomena (Guiso, et al., 2006). Guiso, Sapienza and Zingales (2006) narrowly define culture as “those customary beliefs and values that ethnic, religious, and social groups transmit fairly unchanged from generation to generation” (Guiso, et al., 2006: 2). This paper accepts those dimensions of culture that are inherited by an individual from previous generations, rather than one that is voluntarily accumulated, as identified by Becker (1996) and Guiso, Sapienza and Zingales (2006). This moves away from the fast-moving component of culture considering the peer group effects.

In this paper, examination is made of the use of formal care services by people of culturally diverse backgrounds. The hypothesis is that people cultural diverse backgrounds have a duty of care to provide elder care to their relatives and family and as such will access formal care at lower rates than people from Anglo-Celtic backgrounds. At as 30 June 2005, people from Indigenous and non-English speaking countries have lower rates of use of aged care residential services of 22.8 and 45.7 per thousand respectively compared with 78.4 per thousand for the population as a whole. For people from non-English speaking backgrounds access to residential aged care has decreased since 2001 with access to community care only slightly increasing from 12.3 in 2001 to 13.1 in 2005 (compared to all residents increase from 11.8 to 15.5 in the same period) (Tannous, 2006).

With respect to NSW and the non-English speaking background (NESB) discussion in this paper, New South Wales has a population of almost 6.58 million according to the Census Data of 2001⁴. Of this group, approximately 21.2% could presently be of need of community service or aged care, they were aged 55-64 and 65 in 1996. Of this older persons group, around 37.7% speak “poor” English, with this figure rising to over 40% in the Sydney Statistical Area. The main languages spoken by this group are Arabic, Cantonese, Italian, and Greek. They are spread out throughout the State, however, the highest proportions of language other than English (LOTE) speakers are found in the local government areas (LGAs) around the Sydney CBD. The pilot survey was undertaken in the statistical subdivision of Canterbury-Bankstown in NSW that has the second highest rate of people born overseas 43.7%, after Fairfield-Liverpool with 48.7%. The main overseas country of birth was Lebanon and with 56.5% spoke a non-English language at home (Australian Bureau of Statistics, 2004).

Section two will discuss the methodology used in this study. Section three will present the results and the last section will detail the conclusions, limitations and opportunities for future research.

2.0 Methodology

The aim of the study is to develop and pilot a survey tool to determine the level of knowledge and access to aged care services based on five criteria: providers

of services being cultural aware; general user awareness of services available; cultural impediments to accessing services; other impediments, beside cultural, to accessing services; and general supply of services. In developing the survey, various methods for identifying content items were employed. These included developmental interviews which included discussion with a number of representatives from the various residential and community care; a number of stakeholders including general practitioners, pharmacists, priests, and providers of community aged care packages; past surveys that have been undertaken by a number of organisations; and other sources such as government agencies, general literature and professional colleagues.

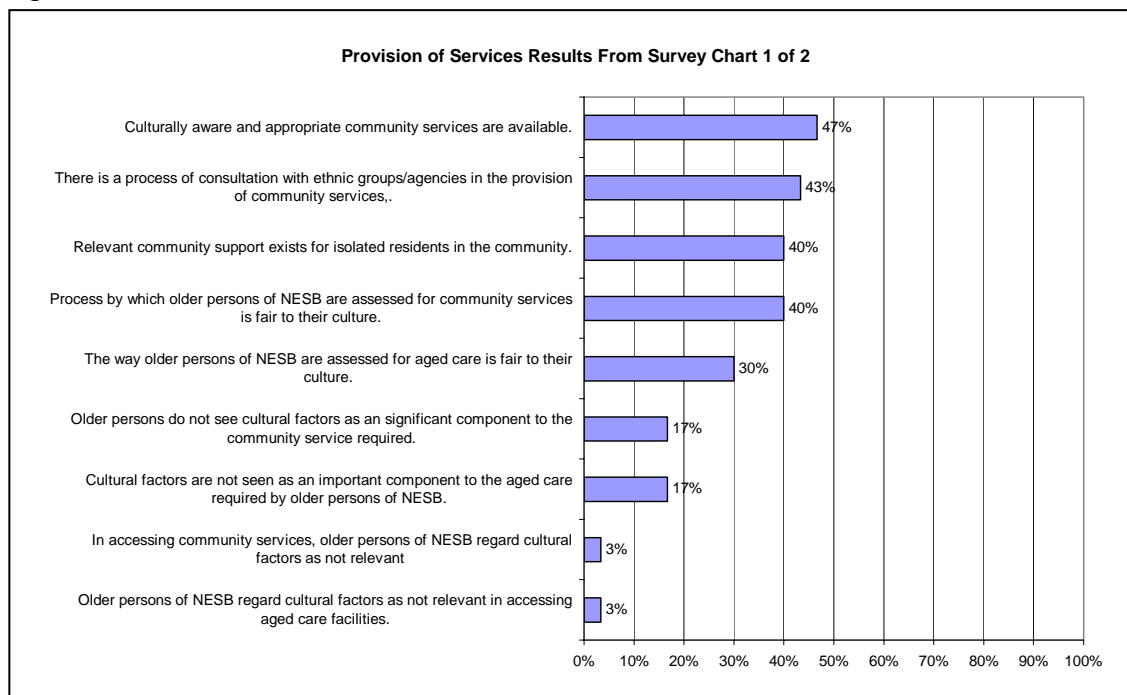
In developing the survey items, great care was taken to develop a number of questions to address the various issues impacting on knowledge and access to services by mainstream and NESB respondents. No aspect of the survey process is probably more important than writing survey items (Edwards, et al., 1995). The survey questions used are closed-ended asking respondents to choose from "agree" or "disagree". Closed-ended questions are fast and easy to answer, code and process. They communicate the same frame of reference to anyone reading them and thereby are more likely to be read and interpreted in the same manner. The inclusion of a "comments" box and dedicated space at the end for comments may be regarded as inclusion of "open-ended" style questions. It provides the respondents the opportunity to supplement the information provided in the closed-ended questions. The information given in "comments" forms part of the qualitative discussion of the results. The survey was in some cases followed by discussion with the respondents. Great care was taken in the selection of the respondents for the pilot. Response was drawn from a carefully selected representative sample of the different stakeholders, carers, older persons receiving care, representatives from assessment teams, and community care providers in inner West of Sydney, New South Wales. Approximately 60 surveys were sent by mail, with 30 surveys returned, giving a response rate of 50%.

In writing each item in the survey, effort was spent on avoiding ambiguous or vague questions. This was done to ensure that respondents interpret the questions in the same way. As the pilot survey was designed primarily for stakeholders in the aged care industries, some use of jargon occurred. Attempts were made to provide definitive of terms that may be unfamiliar to some respondents.

3.0 Results of the survey

A number of questions in the survey dealt with the extent to which the provision of services is culturally aware⁵ (Figure 1). Less than 50% of the respondents stated that culturally aware and appropriate community services are available. This is forwarded by 3% stating that in accessing community services or aged care services, older persons of NESB regard cultural factors as not relevant.

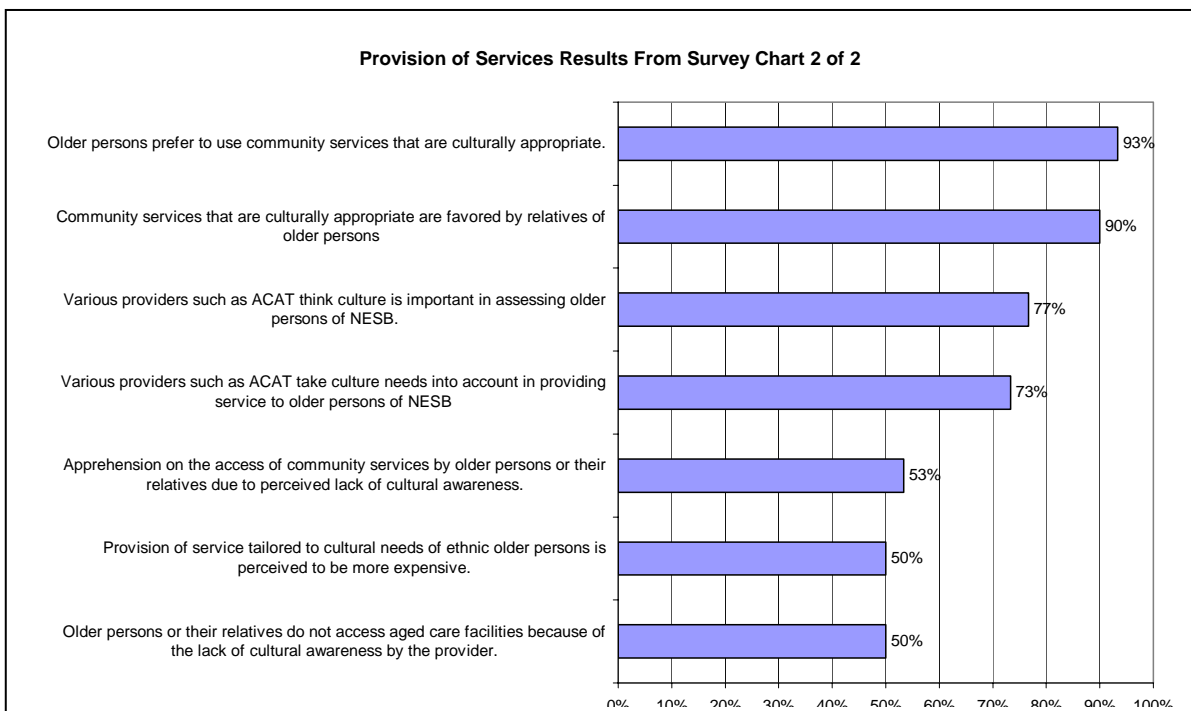
Figure 1.



This was deemed to be important given that both older persons and their relatives prefer for them to use community services that are culturally appropriate, over 90% stated in this pilot survey (Figure 2). This view was further strengthened by the response of 77% of participants that various providers such as Aged Care Assessment Teams think culture is important in assessing older persons of NESB. A summary of this view is made by the following statement by one of the respondents “they want to go where the food and religion is similar and be around people who are of the same culture. [Community services] need to be culturally appropriate otherwise they won’t access them”. Around half of the respondents stated that the reason for older persons or their relatives not accessing aged services is due to the perception that the services tailored to cultural needs is more expensive or that there is a lack of cultural awareness by the provider. Another strong motive for lack of access is the lack of availability of culturally aware and appropriate community services.

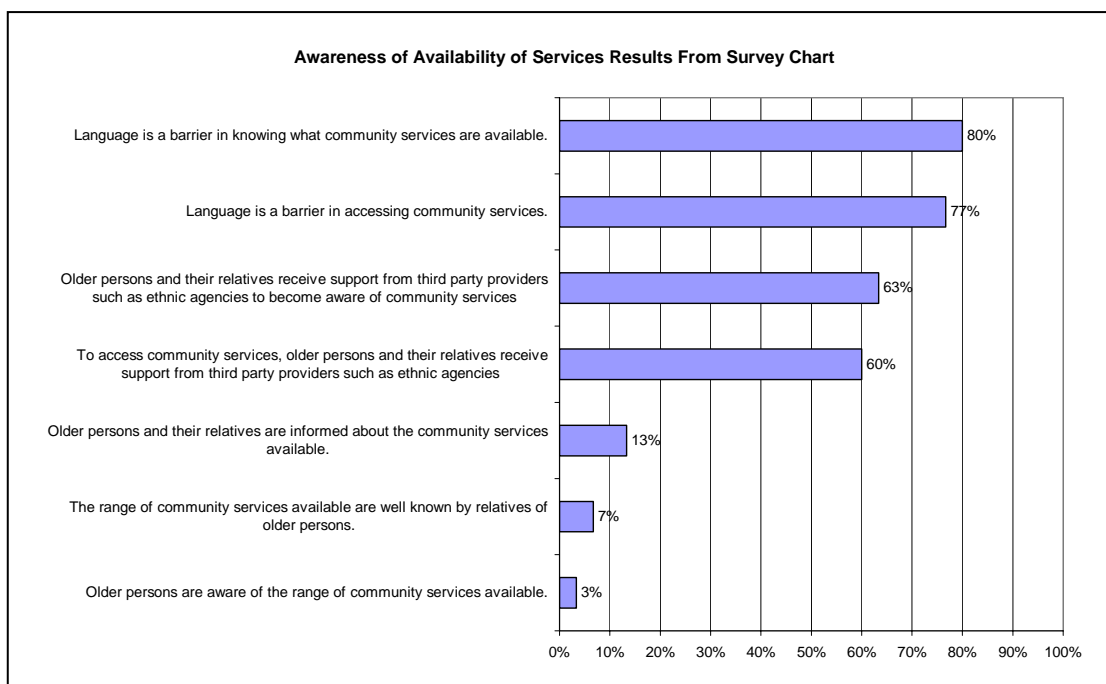
In reference to the question on whether a process of consultation with ethnic groups or agencies exists in the provision of community services, only 43% stated yes. This was substantiated by individual consultation comments of a strong “it is not visible”. An overall comment made by one respondent is “it is misleading to make sweeping statements on all these issues. Some areas, services, teams and individuals are much better skilled and resourced than others are. Unfortunately, a lot of the time, getting your needs met is very much reliant on the “luck of the draw”, i.e. chance – right place, right person, right time. This is not good enough!”

Figure 2



Another area of interest was awareness of availability of service. There appears to be a very low awareness of the range of community services available on the part of the older persons and their relatives (Figure 3). Only 3% and 7% of respondents stated that older persons and their relatives, respectively, were aware of the range of services available.

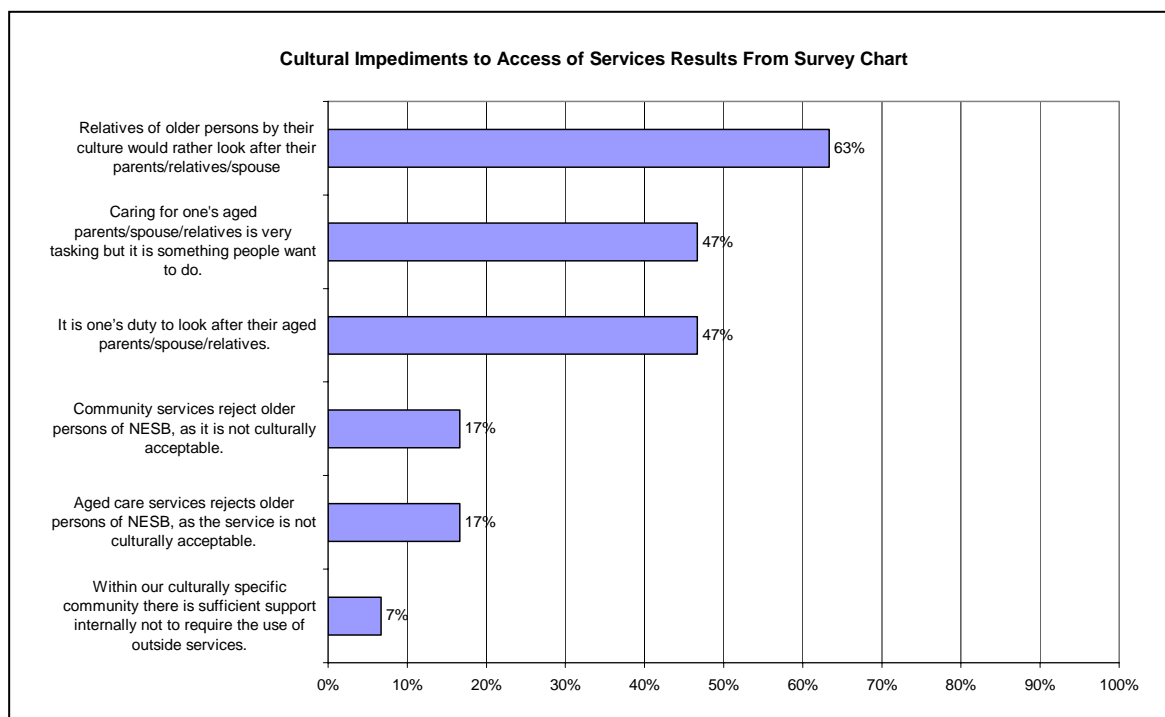
Figure 3



A statement made by a respondent on this is the following: “depends on how involved the people are in their community – may know through NESB community groups”. Language appears to be a very strong barrier in being aware of the community service and accessing these services. Around 60% of the responses stated that support is provided from third party providers such as ethnic agencies to becoming aware and accessing community services. A sweeping comment made by one of the respondent is: “the public are not made aware of any specific assistance that is offered to aged people of NESB. Speaking on my own behalf, I have never been informed about any options that may be available to me relating to any services currently on offer in the Arabic nationality.”

An area of interest is the extent to which there are cultural impediments to accessing service (Figure 4). Around 63% of the respondents stated that by their culture, relatives of older persons would rather look after their parents/relatives/spouse. Care for a loved one “depends on the parent’s attitude and the availability of culturally appropriate nursing homes” (project officer). Another observation made by one of the respondents is that caring for a relative “is changing and will be less the case [in the future]” (community worker). Approximately half of the respondents stated that caring for one’s aged parents/spouse/relative is one’s duty and is something that people want to do. One of the respondents retorted that it is “Not so much as duty but the ability to care for parents”. For the statement that within their cultural specific community, there is sufficient support internally not to require the use of outside service, only 7% stated that they agreed.

Figure 4

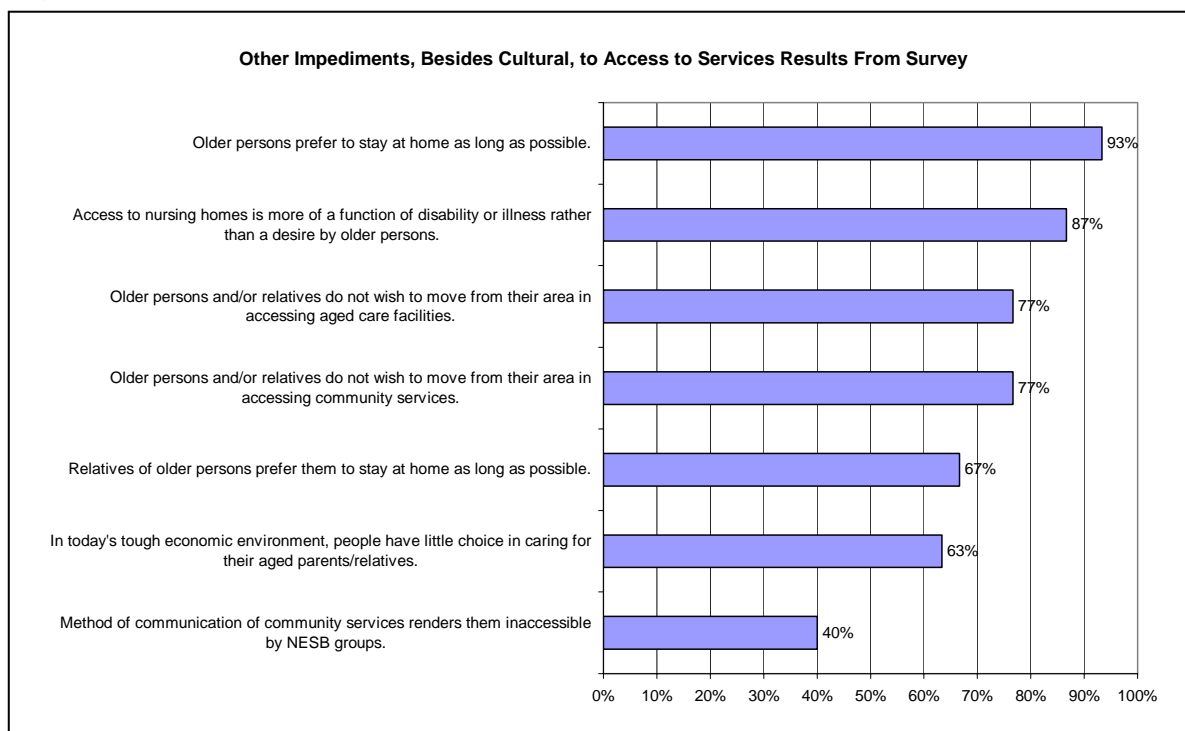


One of the respondents' summarized the above well: “essentially the underlying point is that ethnicity has a lot to do with the decision one makes to send the

elderly to a home or not. In many cultures, this act is seen as rejecting and shameful in the community. Children have a 'duty' to support their parents regardless of the medical needs. Educating the children [carers] is more essential than educating the elderly as to what's available to them...more information is needed regarding this service in the form of pamphlets, information guides and so on".

Impediments to accessing service other than cultural were examined (Figure 5). An important factor is attitudinal with older persons in 92% of responses preferring to stay at home as long as possible, while only 67% of the respondents stated that relatives of older persons prefer them to stay at home as long as possible. This was well explained by the following respondent who stated that older persons prefer to stay at home "to maintain their independence and to age with dignity".

Figure 5

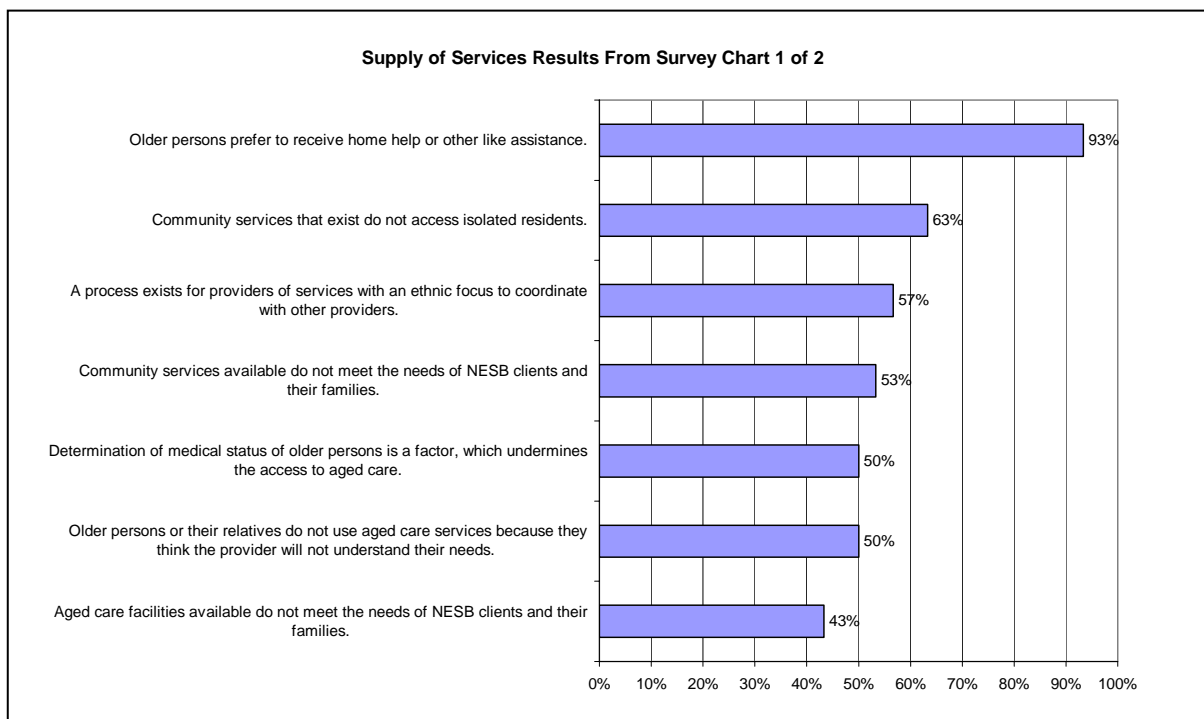


In accessing either aged care service or community service a strong majority of older persons and their relatives would prefer to do that in their area. Another important impediment to accessing or encouraging access to service is that in today's economic environment and the need for two income families, people may have little choice in caring for their aged parents/relatives. The survey respondents, 63% of them, stated that was an important impediment. One of the respondents' emphasized that "this depends on the degree of disability of the older persons".

The last area examined was supply of services and the factors that affect this supply (Figures 6 and 7). As was determined earlier, older persons favour staying at home and thereby they would prefer to receive home help or other like assistance. Around 63% of respondents stated that community services

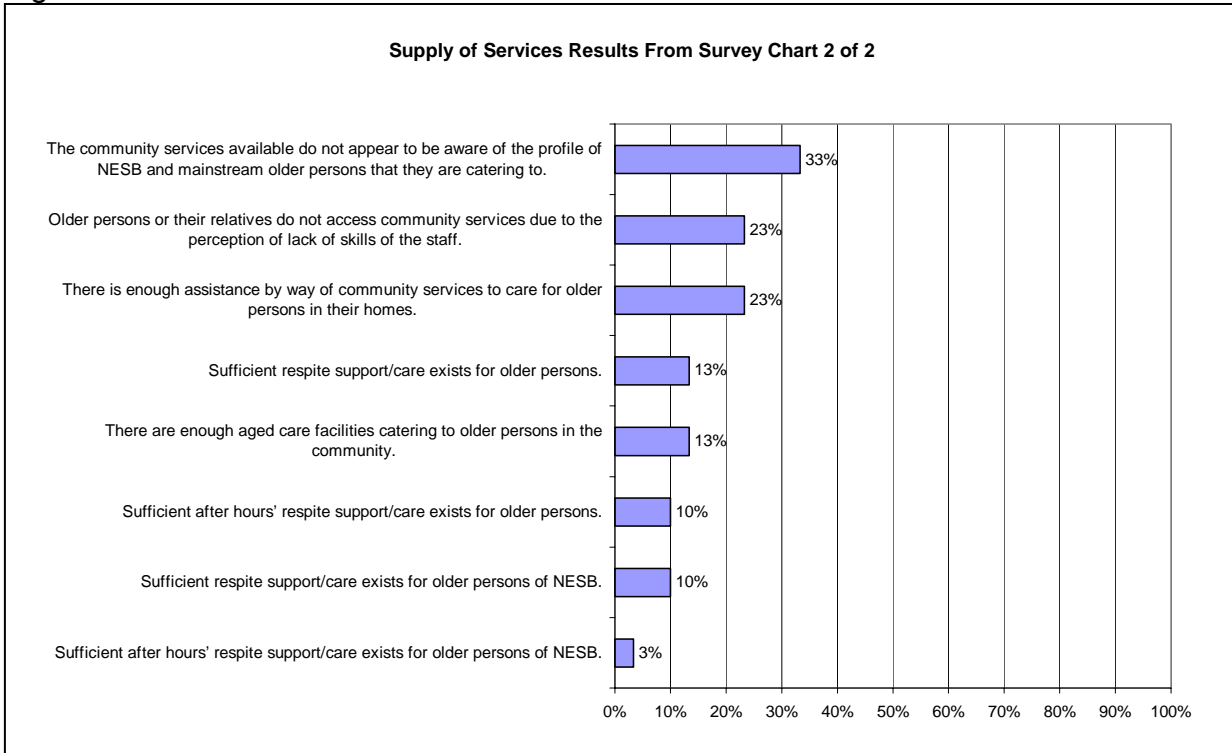
that exist do not access isolated residents⁶. As well, more than half of the responses stated that community services do not meet the needs of NESB and their families and that determination of medical status of older persons is a factor which undermines the access to aged care.

Figure 6



On this area, one respondent put it very well: “A friendly, safe and caring environment in a facility will always be in great demand and even higher demand if the care facility meets the language and cultural requirements of the older persons.” Around one third of respondents stated that community services available do not appear to be aware of the profile of NESB and mainstream older persons that they are catering to (Figure 7). At the same time 13% of the respondents stated that there are enough aged care facilities catering to older persons in the general community. On the questions of general availability of respite for mainstream and NESB during hours or after hours, a resounding “no” from both the quantitative data, with on average only 10% say there is sufficient availability of respite care. A number of respondents stated that there was not enough and is an area of strong need. From the qualitative information, this is an area of growing need: “[the] population is ageing – there is not enough now that is available to everyone – waiting list(s) exist”.

Figure 7



4.0 Conclusions

The findings of this study provide support to the view that there is a need for culturally specific services and greater education to ensure that those in need of care, either directly or indirectly, are aware of the types of formal community and other aged care services. The study provided further evidence for the view that older persons want to age in place and do not wish to move from their area in accessing formal facilities. The survey that was undertaken only permitted an agree or disagree type answer, it could be improved through the use of a rating scale, like the Likert scale being the most popular. The scale would provide respondents with ratings to indicate how strongly they feel positively or negatively on an issue. As well, the study participants were selected and not random and the instrument was implemented only in the inner West of Sydney. Extension of the study to other parts of the country is for future research.

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End-Notes

¹ This excludes the number of people whose country of birth was not stated, in the 2006 Census, it was 1.4 million people.

² In calculating this number, it excludes the number of people whose language and proficiency in English is not stated, in the 2006 Census, it was 1.07 million people.

³ The Australian federal government departments are currently using the term 'culturally and linguistically diverse backgrounds' (CLDB) as a response to the limitations of non-English speaking backgrounds in that there are many migrants who may speak English well (Malaysians, Indians, Singaporeans) yet have cultural backgrounds that are very different from those of Anglo-Celtic Australians. Older persons from culturally and linguistically diverse backgrounds are defined for the purpose of this report as persons aged 65 or over, born overseas in countries where English is not the main language spoken. The term may include differences that arise from a persons' country of birth, culture, language, race and religion but is not restricted to them (Gibson, Braun, Benham and Mason, 2001). Where we are able to use CLDB data in this paper we will, otherwise, non-English speaking background data is used as an alternative give that this term is a relatively new introduction and has not been incorporated by all government departments.

⁴ While more recent data is available with the recent release of the Census 2006 information (released on 27 June 2007), this was not updated as it was important to present the statistical picture of what had been the case when the study was undertaken.

⁵ Culturally aware is defined in the spirit of the *Aged Care Act 1997* under standard 3, substandard 3.8, with "Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered" <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-manuals-sgr-contents-std-3.htm>

⁶ Isolated residents are older people living in the community who are isolated due to limited family and social contact for cultural, language or disability.