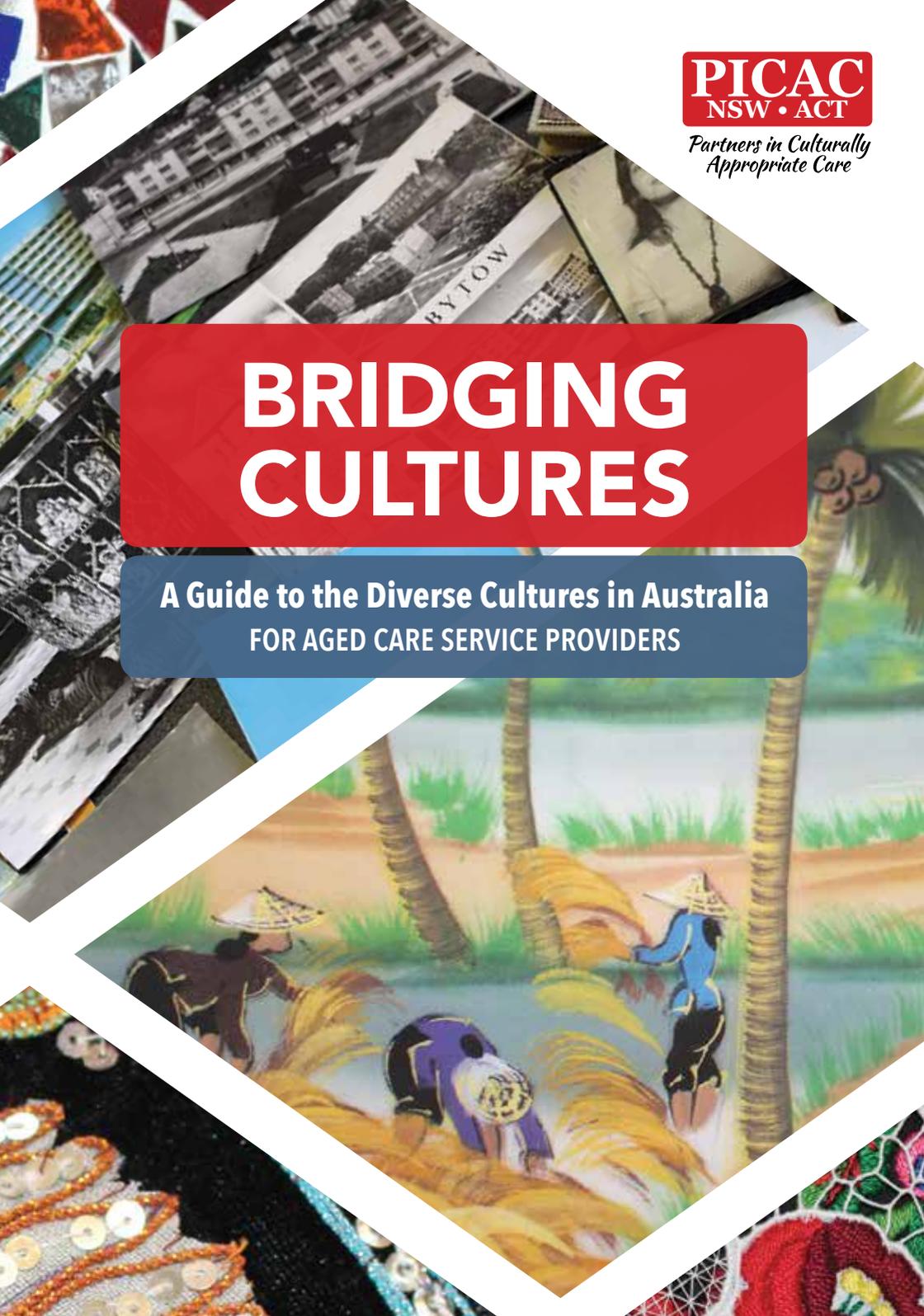


BRIDGING CULTURES

**A Guide to the Diverse Cultures in Australia
FOR AGED CARE SERVICE PROVIDERS**



Bridging Cultures

A Guide to the Diverse Cultures in Australia
for Aged Care Service Providers, 2016 3rd Ed.

Published in Australia by:

Partners in Culturally Appropriate Care (PICAC) NSW & ACT

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FOREWORD

Multicultural Communities Council of Illawarra (MCCI) is a community based, not-for-profit, organisation which seeks to represent the broad interests of people from culturally and linguistically diverse (CALD) backgrounds.

Established in 1975, MCCI contributes to the development of a society which is culturally diverse and values and promotes this asset.

MCCI strives to enhance the capacity of CALD communities by assisting them in accessing a just and equitable place in society. We do this through our evidence-led advocacy, service delivery and the building of community capacity; underpinned by innovation, collaboration, professionalism and cultural expertise.

MCCI supports the aged care services sector to deliver care which is appropriate and sensitive to the needs of older people from CALD backgrounds, through programs, such as Partners in Culturally Appropriate Care (PICAC) NSW & ACT.

On behalf of MCCI and PICAC NSW & ACT, we are pleased to be able to share with you *Bridging Cultures*, 2016 3rd Ed.

Ken Habak OAM

Chairperson

Multicultural Communities Council of Illawarra





*Partners in Culturally
Appropriate Care*

Partners in Culturally Appropriate Care (PICAC) NSW & ACT is pleased to publish *Bridging Cultures 2016*, 3rd Ed. This updated resource includes cultural information regarding Australia's culturally and linguistically diverse ageing populations in over 30 communities in Australia.

This book is intended to enhance the readers' understanding of the cultural diversity of many people seeking aged care services or who are currently receiving services from aged care service providers. It is also intended that students who are involved in learning to care for people aged 65 and over from CALD backgrounds will find this resource to be a useful guide.

Included in this third edition is information on carers in CALD communities. Extra features include demographical information on each cultural group, information to assist professionals who are required to

undertake a home visit to homes of diverse cultures, key events and dates, some case studies and an interesting cultural facts. The case studies will assist aged care staff and students to understand some of the complex issues that may arise when engaging with older people from diverse backgrounds. Some of the case studies are intended to highlight the challenges which can confront the service provider when dealing with sensitive end-of-life care and dementia.

The Australian culture chapter has material included which will assist the many diverse cultures which are currently employed in the Australian aged care sector to better understand the language and the prevailing values and attitudes which exist in our society.

In preparing this 2016 third edition, PICAC NSW & ACT would like to acknowledge the resource Demographic Data for Australia's

Older CALD population by State and ACPR Funding Regions from the Australian Population and Migration Research Centre at The University of Adelaide. The PICAC team look forward to the results of the 2016 Census which will underpin the information provided for future editions of Bridging Cultures.

The primary objective of the PICAC NSW & ACT project is to equip and support residential and community aged care service providers to deliver culturally appropriate care to older people, from culturally and linguistically diverse communities. The project also aims to represent the interests of people aged 65 and over from CALD communities in alignment with the principles of the National Ageing and Aged Care Strategy, for people from culturally and linguistically diverse backgrounds.

PICAC NSW & ACT can assist service providers in identifying and addressing the unique needs of these communities.

PICAC NSW & ACT work with service providers to develop and provide culturally specific:

- Strategic partnerships
- Training and professional development
- Quality resources
- Demographic data

A partnership with PICAC NSW & ACT will enable your organisation to deliver services which are responsive, inclusive and sensitive to the individual.

The Partners in Culturally Appropriate Care program is a national initiative funded by the Australian Government.

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THE ROLE OF THE CARER IN THE CALD CONTEXT

The Carer Recognition Act of 2010 defines a Carer as being an individual who provides personal care, support and assistance to another individual who has a disability, a medical condition, a mental illness or is frail and aged. This role is not conducted for payment, education or in a volunteer capacity.

The term carer is not always easily translated into different languages. For many culturally and linguistically diverse families, caring is ingrained into their cultural practices and everyday living. Caring is a matter which bears no special treatment or accolade. For many, it is simply an activity without reason for distinction or merit.

The Australian Bureau of Statistics has estimated that 30% of carers are from culturally and linguistically diverse backgrounds. However, they state that this figure could be an underestimate of the real picture, as difficulties in translation can exist with the term, or that questions pertaining to caring are not always answered correctly.

The Australian Government is committed to providing support for carers as they contribute greatly to the welfare and longevity of large sections of our society. Their daily activities in assisting, supporting, medicating, treating and looking after their person in need, greatly alleviates the burden of care from being a government funded exercise.

Carers from CALD backgrounds are sometimes unaware that services exist to support their roles as carers. Low literacy and language skills act as barriers for the process of information retrieval. Many people from CALD backgrounds are identified as 'hidden carers'. These carers do not identify themselves as carers and are not recognised as carers by the government, community or staff working in the aged and health care sector. Networking with government agencies such as Centrelink, hospitals, primary health providers, and local government will assist in identifying 'hidden carers'.

Carers from CALD backgrounds face many cultural and language

barriers on a daily basis. Some of the barriers can include low literacy and language skills which mean that they may have limited means of accessing information about what services are available to them to assist in their caring journey.

For older carers, low levels of education in their birth countries means that they may not be literate in their language of origin. Therefore, translated materials can be of little or no use, if available.

Cultural barriers at times play a role as a misconception can exist that adult family members of CALD older people will assist them with translating and interpreting areas when they are in need. It must be considered that the offspring of ageing migrants may not always speak their heritage language well, or in fact are able to understand the language or able to read the written word.

To live in a dominant culture and to be expected to carry out the norms of an inherited culture can sometimes cause family issues. The older generations can feel that they have failed in their parental duties if they do not witness their children mirroring their cultural values and attitudes.

Many people who are carers from CALD backgrounds are not able to consider leaving their care recipient out of an inherent feeling of 'duty' towards them. They will often experience a feeling of guilt if they are seeking to take 'time out'. CALD carers can experience family pressures to maintain the current situation of the frail person living at home.

Some CALD carers do not seek Government subsidised care or obtain support payments for several reasons. This may include their suspicious perceptions of financial assessments. This stems greatly from experiences of living in oppressive regimes and experiencing trauma in the past. Some also are not aware of subsidised assistance as there is a lack of appropriate information which is provided to them. Some cultures seek information from ethnic-specific services only.

The Australian aged care system is not understood by many CALD carers. Perhaps in their country of origin there was no age care system in existence. Many countries have limited or indeed no specific aged care framework.

Some CALD carers are not able to access translating and interpreting services as they are unaware that these services are available. CALD carers may have little or no confidence in establishing the initial communication. The use of the telephone to communicate with people other than family members is not considered an option for them. Communication in some situations must be initiated by other family members. Many carers from CALD backgrounds have a low uptake of technology and low computer literacy levels. The current trend towards providing online information can disadvantage CALD carers.

Trust is an important factor for many people from CALD backgrounds. This important value must be established from the outset when interacting with them on any level.

Carer support groups are not always appropriate for CALD populations, as discussing personal aspects of one's lives is not always culturally appropriate, even with cohorts of the same culture. Carer support frameworks will need to work collaboratively with the cultures involved and understand that it will take time for trust to develop.

Sending a family member to an organised care scenario such as respite or residential care is not seen as a favourable option. It is often only considered when the caring situation reaches a crisis point.

Planning for aged care is not considered amongst many people from CALD backgrounds. It is expected that the family will take care of the needs of the ageing parent or family member. This is a complex issue which is exacerbated when one is ageing in a foreign country, where cultural norms are augmented by negotiating two separate and unaligned cultural contexts.

There is generally little or indeed no contemplation for advanced care directives in CALD communities. Advance care planning appears to be an unfamiliar concept for many people from CALD backgrounds.

Further information on providing care in Australia from a CALD background can be obtained from the Carers Australia 2013 comprehensive report, Culturally and linguistically diverse carers in Australia: background report. Please visit www.carersaustralia.com.au

CULTURAL ATTITUDES TOWARDS DEMENTIA

There are more than 100 different disorders which cause dementia. Dementia is a term which encompasses a variety of conditions including Alzheimer's disease, Vascular Dementia, Dementia with Lewy Bodies and Fronto-temporal lobe Dementia.

Dementia is a leading cause of death and burden of disease in Australia for which there is no cure. For people aged over 65, dementia was the second leading burden of disease in 2011 and the leading cause of disability burden. For culturally and linguistically diverse (CALD) populations living in Australia, the prevalence of dementia is projected to escalate to around 120,000 by 2050. This will inevitably place a great stress on the supply of CALD trained dementia care providers and on the demand for culturally appropriate care.

There are unique challenges regarding managing dementia within cultural contexts. These include identification of the disorder, treatment

régimes, support mechanisms, including aged care service provision and CALD community acknowledgement.

Subsequently, one of the greatest challenges faced by CALD community members, when diagnosed with dementia, is social isolation. These challenges can lead CALD older people to under-utilise available community services. Typically, these populations have a lower than average uptake of dementia respite services.

There exists a research gap in the area of cultural nuances in regards to dementia. Many cultures understand dementia to be a normal part of ageing. Additionally, they comprehend that the suitable treatment is to be conducted via medication. In some communities, dementia is hidden where the overwhelming attitude is considered to be one of 'disgrace'.

Generalisations regarding perceptions and beliefs of dementia within diverse communities can assist care providers with an overview of the prevailing attitude

The information in this directory about the diverse attitudes to dementia care is for general guidance only and does not encompass all views of the various languages, cultural and religious groups mentioned.

towards dementia in CALD communities. However, every individual with dementia is unique and generalisations should merely serve as a technique to initially evaluate an individual. A person-centred care approach to caring for a person with dementia should be engaged at all times.

Alzheimer's Australia Victoria produced a report in 2008, following their project, *Perceptions of Dementia in Ethnic Communities*. This important project and report has contributed greatly to the information in this section of Bridging Cultures.

ARABIC

The Arabic-speaking community in Australia is diverse and includes communities from 22 countries. The most prevalent being the Lebanese community. Since 1960, Arabic-speaking people from Egypt, Iraq, Jordan, Palestine and the Arab Peninsula have migrated to Australia. Large numbers of Arabic-speaking people practice Islam. It is generally accepted among

those who practice this faith that dementia is God's will which is to be accepted. However, treatment for dementia can still be sought by the community as this fits into the Islamic belief that God has enabled such approaches to assist his followers. It is common to find a stigma attached to dementia within this community, due in part to the terminology used to describe the condition. The interpretation of the dementia equivalent word in the Arabic language carries negative implications, akin to 'losing one's mind'. The causes of dementia are not well understood and therefore can be subject to personal interpretation. This generally involves the person being involved in a particular event which was shameful or an incidence of misfortune.

CHINESE

Dementia knowledge and perceptions vary within the Chinese community. Some consider dementia to be associated with old age where even minimal instances of memory loss are associated with

the condition. Other perceptions are broader where a wider range of issues, such as wandering, language problems, confusion and incontinence are recognised as being signs of the condition.

Dementia is not a topic which is openly discussed in the Chinese community. Hence, a family may not willingly admit that they have a family member with dementia. This can lead to a person being excluded from their community and potentially will become socially isolated. Medical support will be sought and family members will attend, especially if the doctor is from a non-Chinese background. The community will accept western medical treatments; however, they will combine this with traditional Chinese medicine. Acupuncture and cupping may be used in the treatment of many conditions and should not be confused with elder abuse.

Some Chinese community members will embrace a healthy lifestyle in order to prevent dementia. Activities such as *Mahjong* which combines memory exercise and calculations will be encouraged, as is a healthy diet and exercise.

ITALIAN

Many attitudes towards dementia in Italian communities reflect attitudes which were prevalent at the time of their emigration. This includes terminology used for this condition. The word *demenza* in Italian is a medical term which is aligned with mental health disabilities. Some older Italians may use the term *sclerosis* which was frequently used in the past. It is important for Italians to understand the causes of dementia. They sometimes draw conclusions about the condition, blaming over or under use of the brain, poor nutrition and physical inactivity.

Many Italians develop some knowledge of dementia as they witness their friends' experiences with the condition. As there are significant numbers of ageing Italians in Australia, the incidence of dementia is quite high. Generally, Italians do not realise the condition is a progressive and terminal illness. It is common for carers to absorb the burden of care and therefore not seek assistance from aged care services. The community holds quite clear expectations that the family, in particular the eldest daughter, will take care of the needs of the ageing family member, including those with dementia. It is

important to stress to members of the Italian community who are in dementia caring roles, the benefits of respite care and carer support groups.

SPANISH

The greatest numbers of Spanish-speaking people in Australia are from mainland Spain, Chile, Argentina and Uruguay. There is little knowledge and understanding of dementia in Spanish-speaking communities. Some people believe that dementia is caused by stress and excessive worrying. The most common translation of the word dementia is *loco* or crazy.

VIETNAMESE

Most Vietnamese people arrived in Australia after the end of the Vietnam War as refugees. Many endured a traumatic journey to Australia on fishing boats to escape the communist government who took power at the end of the war.

There is little knowledge of dementia in this community. The terms dementia and Alzheimer's disease are recognised by younger community members, however a deeper understanding of the condition is not common. As is the case in other CALD communities, the Vietnamese consider dementia

to be a normal part of ageing. Additionally, they consider that it is caused by too much worry and stress. Commonly it is considered that someone with dementia has 'lost their mind.' These pre-conceptions lead to a diagnosis being made far too late which does not allow people to finalise their affairs in the manner that they would prefer. Vietnamese culture holds their elderly family and community members in high esteem. This can negatively impact on securing a timely diagnosis of dementia as it is perceived as being disrespectful to inform them of such a debilitating condition. As dementia is not considered an illness, it is difficult for this community to understand that the condition is terminal and there is no cure. Prayer, Chinese herbs and acupuncture are all accepted modes of treatment which are used alongside modern medicine.

GREEK

The Greek community is a large CALD group in this country. Literacy levels amongst elderly Greek people is quite low, however, they have good community support networks across the country due to their organisations' demonstrating commitment to preserving the Greek culture and heritage.

Nevertheless, there is still a low level of understanding of dementia. Most community members describe dementia in terms of its symptoms. The causes of dementia are associated with some sort of trauma, shock or constant worrying. Some believe that dementia is associated with stroke.

Greek spouses are the main carers of people with dementia. Carer fatigue is well recognised in the community, which can lead to compromised health for the carer. The Greek community relies heavily on the family structure to support their aged. It is of concern to them that the younger generations may not have strong Greek language skills and therefore they cannot provide the traditional extended family support.

The Arabic-speaking, Chinese, Italian, Spanish-speaking, Greek and Vietnamese communities all have preconceptions that their children will provide care for their elders when it becomes necessary. Many older community members believe it is appropriate to spend their last days at home. It is becoming more common to see people from these communities in care, as the economic pressures of modern living no longer enable children to provide personalised

care for their elderly family members.

EASTERN EUROPE

Eastern European cultures include Polish, Russian, Hungarian and Ukrainian ethnicities. Many of these migrants were subjected to torture and were victims of oppressive rule. Some communities have a prevalence of Post-Traumatic Stress Disorder which can exaggerate the symptoms of dementia. Certain memories can cause challenging behaviours amongst the elderly with dementia.

Dementia can be seen as a normal part of ageing within these communities. When the dementia becomes advanced it can be regarded to be a mental illness. Dementia in the Polish community is highly stigmatised and it is commonly denied. This ultimately leads to social isolation which is evidenced by fewer friends and family members visiting and less participation in social activities. The Polish community refers to dementia as *sclerosis*.

Russian community members prefer to seek treatment from their doctor and they have faith in modern medicine. They believe in preventive health measures. The perception of dementia in this

community depends on which area of Russia they originated from, and when they came to Australia.

MACEDONIAN (FYMR)

There is a lack of awareness of dementia in the Macedonian community. Some sections of the community regard dementia as a mental illness and that it is a punishment for mistakes of the past. In some instances, dementia is thought to be a curse placed upon a person. This is where the community relies on spiritual guidance to assist them with the condition. Family members are embarrassed to discuss dementia with friends and the community at large. Many Macedonian elderly refer to dementia as a *sclerosis*. Low literacy levels impact a heightened understanding of the condition.

The Macedonian spouse is the main carer for the elderly with dementia. Families are the main support mechanism as there is a reluctance to seek outside assistance.

It is important to remember that every person is an individual and the perceptions and beliefs pertaining to dementia may differ between individuals in a specific culture. It is also essential that elderly CALD consumers receive support from aged care service providers in a responsive, inclusive and sensitive manner which takes into consideration their cultural foundations.

CULTURAL ATTITUDES TOWARDS PALLIATIVE CARE

A palliative approach aims to improve the quality of life for individuals and their families, with a life-limiting illness or who are becoming progressively frailer because of advanced age.

This is carried out by identifying, assessing and addressing their holistic treatment of pain, physical, psychological, social, cultural, and spiritual needs. The underlying philosophy of a palliative approach is a positive and open attitude towards death and dying with an emphasis on improving quality of life.

Education about cultural diversity is recommended for aged care teams to enhance an understanding of care preferences of individuals from different cultural backgrounds. Efforts to accommodate these preferences promote individualised care which benefits individuals and their families.

It is important to understand that there are a number of religions that cross language and cultural boundaries. When working with a person facing a life-limiting illness,

a carer will need to understand the role religion plays in their end-of-life choices.

WESTERN EUROPE

In some Western European countries such as Austria, Germany and The Netherlands, palliative care is a recent concept. It was introduced into Germany in 1985 and was relatively unknown in the Netherlands prior to 2001. Therefore, it is likely that elderly people born in these countries will be unaware that such services exist or what it entails.

INDIAN

There is a general acceptance of Western medical practices, home hospice and hospital care by the Indian community. Health professionals are seen to minimise discomfort and are therefore welcomed in the family home by the Indian-born population. Culture demands that there is close family involvement in the care of the aged.

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CAMBODIAN

In the Australian Cambodian community, there is a lack of understanding of palliative care and many people will feel more comfortable to be treated in their home as aged care facilities do not exist in Cambodia. Health professionals are expected to clarify with the family, the diagnosis and prognosis of an illness. Giving news to the family first or telling both the patient and family are acceptable. The guarantee of confidentiality is important within the Cambodian community. Decision-making about illness is likely to involve the client and the family.

CHINESE

Not every Chinese person wants to die at home as they believe that death can bring negative energy to the house. Chinese values draw upon many influences such as Confucianism, Taoism and Buddhism. Values such as loyalty, filial piety, the maintenance of social order, and superiority of men over women, self-restraint,

self-respect, and self-blame, are embedded in Chinese culture and have a lot of implications for health choices during end-of-life care. The open discussion of terminal illness and end-of-life issues are not considered appropriate in Chinese culture.

ARABIC

Doctors and qualified medical people are well accepted and respected by Arabic speaking community members from countries such as Egypt, Iraq and Lebanon. The expectation by people from these communities is that information about a patient's diagnosis and prognosis will be told to the family first, and the family will decide whether or not to tell the patient.

FIJIAN

The approach to inform a Fijian born person of a diagnosis, depends on the individual. Generally for an aged Fijian born person who has not fully adopted Western culture, it would

be appropriate for their son or daughter, or another older close relative to tell them. This 'buffering' of the impact of the news is very important, both to the person, and to his or her family.

INDONESIAN

In Indonesian culture, family and spiritual leaders are involved in caring for the dying person. The concept of palliation is not known.

FINNISH

Options in palliative care are not yet well known among Finnish people. However, when this stage of life is reached, they are keen to know more about alternative medicines, even though they may initially show resistance. Information on pain management is especially valued.

GREEK

Many Greek-born people are very sensitive about death and dying issues so it is very common that Greek families do not want the dying person to be told of their diagnosis and prognosis, believing it will only burden the dying person further. Greek families prefer to be informed first of the diagnosis and then decide if the ill person should

be told. Sometimes it may be the eldest son that would tell his parent of the diagnosis. There is fear of cancer and often the word 'cancer' is not used, instead many use an alternative word, such as 'the terrible illness'.

EASTERN EUROPEAN

In Eastern European countries such as Hungary, Czech Republic, Poland, Ukraine, Estonia, Latvia, Lithuania, Slovakia, Slovenia, Croatia, Macedonia and Serbia, palliative care is a fairly new concept. Elderly people from these countries may not be aware that such services exist or what it entails. Traditionally, the diagnosis of a terminal illness would not be communicated to the person concerned but rather to their families who then decide when and how, or if at all, to tell the patient. Families, relatives and friends may wish to 'protect' the person from diagnosis and prognosis of a terminal illness. Often family members believe if the prognosis is communicated to the patient, they may lose the will to live. A direct approach is not recommended for these cultures. Individuals from these countries may be reluctant to accept palliative care, as this is perceived as a sign of imminent death. People from these

communities believe it is important for relatives to be with a person who is dying to provide emotional and spiritual support to the dying person and family.

ITALIAN

For elderly Italians, treatment at home is preferred but hospital or hospice is becoming increasingly acceptable. Family-centred care is always preferred. The family needs to be involved at all stages of decision-making. The family may try to 'protect' the dying person by withholding information and a diagnosis in order to maintain hope. A charade is often played out with family members and friends' pretending the illness is not terminal. There are high expectations that doctors and/or nurses will relieve symptoms and pain. Some Italians may accept morphine whilst others may express fears associated with its use and be reluctant to use it. It is important that the effects of morphine are communicated to all concerned. Italian carers have a strong sense of duty. Roles are dictated by family hierarchies and by gender. Emotions are openly displayed, including anger and grief. Carers may encourage the patient to eat unnecessarily believing this to be good for the patient.

MALAYSIAN

In Malaysia, many are not aware of what palliative care is and certainly even if they knew, may not be aware of where they could access it. Palliative care has only been an option in Malaysia since 1991. To talk about death and dying is a huge taboo in this culture.

MALTESE

It is important for people of Maltese background to die at home. As people from this culture age, they have a tendency to revert to speaking Maltese. It's difficult for health professionals to understand the needs of the Maltese community when it comes to health, palliative care, death and dying, as there is an expectation within this community that family is the primary support option.

FILIPINO

In the Philippines during times of illness, the extended family provides support and assistance. Important values that might affect interactions between providers, patients and families in the context of terminal illness, include a strong respect for elders, reliance on family as decision-makers in the case of illness, and high expectations of care by the family.

PORTUGUESE

For Portuguese people, dying and death is accepted as a fundamental part of life by most. Presence of a priest is important for Catholic Portuguese to provide support to the dying person and family. Medication is accepted to reduce suffering.

SPANISH

Traditionally, Spanish speaking people, from countries such as Spain, Uruguay and Chile, prefer to die at home. It is important for family members and close friends to see their loved ones during their final hour. Family needs to be involved at all stages of the decision-making process. The role of the family has a strong influence on anything relating to their loved one's health care and they prefer to be given the diagnosis or prognosis before their patient.

SRI LANKAN

Sri Lankan born people are usually familiar with government provided services and resources for the elderly. General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally

higher than in other groups. This is also because similar services are provided by the government in Sri Lanka.

TURKISH

For the Turkish community, the preferred place of treatment is at home, if possible. Staff should give the diagnosis or prognosis to close family members first, since some patients will not be able to cope with the news. Some families would like to be the ones to decide how the patient should receive news of impending treatment.

VIETNAMESE

Traditionally, Vietnamese people prefer to die at home. It is important for relatives and friends to see the face of their loved one in the last minutes of life. Organ donation may be seen as meritorious in future lives, creating good karma.

Where possible, provide information about a palliative approach to individuals from culturally and linguistically diverse backgrounds in their own language, as this enhances cultural sensitivity for individuals and their families, and ensures adequate and appropriate care.

CULTURAL ATTITUDES TOWARDS CONTINENCE

The information in this directory about the diverse attitudes to continence is for general guidance only and does not encompass all views of the various languages, cultural and religious groups mentioned.

It is also important to understand that the religion of the individual may impact greatly on the health and self-management behaviours relevant to the prevention and management of incontinence.

Continence is the capacity to pass urine or faeces in socially and hygienically acceptable circumstances. Incontinence is the accidental or involuntary loss of urine from the bladder (urinary incontinence) or bowel motion, faeces or wind from the bowel (faecal or bowel incontinence).

Incontinence and continence problems affect people of all ages, gender, cultures and backgrounds. Despite popular opinion, older people are not the only ones affected by these conditions. It's important to understand that bladder and bowel control problems are not an inevitable part of ageing. The problems associated with incontinence have a considerable impact on a person's quality of life and many people do

not seek help. Embarrassment often prevents people talking about their bladder and bowel problems.

Incontinence is one of the least spoken about health conditions. It's estimated that 70% of people affected by incontinence don't talk about it, according to the Continence Foundation of Australia, which is the peak national organisation for Australians affected by bladder and bowel control problems.

Discussing such a sensitive issue is even more challenging if you don't speak English. As well as the lack of language skills; attitudes and social taboos common to many culturally and linguistically diverse groups, make the topic a particularly difficult one to address. In fact, in some languages there is no direct translation for the words, continence and incontinence.

The Victorian Continence Resource Centre (VCRC) undertook a project in 2011, titled 'Awareness of Incontinence in Ethnic Communities',

working in collaboration with various organisations and ethnic communities. The report highlighted a lack of research in Australia. Twenty ethno-specific focus groups were also surveyed to explore general attitudes and awareness of people from various ethnicities to incontinence.

In Eastern European countries such as Hungary, Czech Republic, Poland, Ukraine, Estonia, Latvia, Lithuania, Slovakia, Slovenia, Croatia, Macedonia, Serbia and Western European countries such as Austria, Germany and the Netherlands, continence issues are not openly discussed as it is not regarded as an appropriate topic. There is no wide interest to improve an understanding about its causative factors, treatment and management. As a consequence, it is often ignored or minimised. Medical treatment is rarely sought, and the affected individuals use their own coping strategies to manage the problem, like herbal remedies, hot spas or avoiding active participation in a social life.

Quite often, incontinence problems are hidden from the family and are considered a taboo. When it is unbearable, health professionals may then be involved in the treatment. Medical aids are not widely used, until the condition has progressed so

much that the individual affected can no longer cope.

The Maltese, Greek and Cypriot communities in Australia have minimal knowledge of incontinence treatments. There is a tendency to restrict fluids amongst older members of these communities to manage their problem, which can have its own negative health effects such as dehydration and the risk of falling.

Individuals from countries such as Portugal, Spain, Uruguay and Chile, may lack understanding about incontinence as a health issue and may not seek professional health care. It is perceived as an embarrassing and shameful matter which is not openly discussed.

There is advancement in various Asian countries such as the Philippines, India, Sri Lanka, Indonesia, Malaysia, Cambodia, China, Vietnam and Korea, in continence awareness. The diversity in the socioeconomic, cultural and political backgrounds has generated diverse and unique problems for individuals with continence related issues. Low levels of knowledge and an understanding of incontinence, and little awareness about the causes and treatments has, led to a poor understanding of the

illness and can result in a barrier to seeking help. In large or densely populated countries, particularly India and China, promoting continence awareness is difficult with limited resources. For the predominantly Islamic countries like Malaysia and Indonesia, where urinary incontinence is equated with uncleanness, there is a huge barrier of denial and concealment.

In principally Islamic countries such as Turkey, Lebanon, Iraq and Egypt, urinary incontinence has a devastating effect on an individual's quality of life. For Muslims, praying is seen as a relationship between the person and God, and leaking urine is a barrier. Ablution is a cleansing ritual carried out by every Muslim prior to prayers. The passing of stool, flatus or urine whilst in the act of ablution necessitates carrying out the ritual again, as cleanliness during prayers is required. Prayers are performed five times a day at different intervals, and it requires a Muslim to stand, bend and sit while reciting the verses of the Quran. These actions can cause a leakage for a person who is incontinent. The general association of being unclean with incontinence leads to feeling sinful and increases a person's fear about not being able to fulfil religious obligations. This

can often escalate to serious mental stress and anxiety.

Italian-Australian attitudes to continence related issues are similar to those of other European ethnic groups. Generally there is a low understanding of health problems and treatments. Continence is often seen as part of the normal ageing process and not discussed to avoid embarrassment or shame. Women prefer to discuss the problem with a close female relative, and typically not outside the family.

Many Pacific Islander communities such as Fiji, Tonga and the Cook Islands are not aware of continence related services available to them. In general, Islanders are only aware of general practitioners and the hospitals when they require medical assistance. Individuals from these communities do not access medical services, partly due to language barriers and limited knowledge of health related services and how to access them.

Where possible, provide information about continence related issues to individuals from culturally and linguistically diverse backgrounds in their own language, as this enhances cultural sensitivity for individuals and their families, and ensures adequate and appropriate care.



AUSTRALIA

BACKGROUND AND DEMOGRAPHICS

Australia is one of the most culturally and linguistically diverse societies in the world, rich in Indigenous and immigrant cultures. Australia is a successful and prosperous nation.

Almost one in four Australian residents were born outside of Australia and many more are first or second-generation Australians. These are the children and grandchildren of post-World War II migrants and refugees. Considering the wide variety of backgrounds, together with the culture of Indigenous Australians who have lived on the Australian continent for tens of thousands of years, it becomes apparent why Australia's unique identity and spirit has evolved and developed.

Australia's Indigenous people were thought to have arrived by boat from South East Asia during the last Ice Age, at least 50,000 years ago.

At the time of European discovery and settlement, up to one million Indigenous people lived across the continent. They were scattered in over 300 clans and spoke at least 250 languages with more than 700 dialects. Each clan had a spiritual connection with a specific area of land. They also travelled widely in order to trade, to find water and seasonal produce, and for ritual/totem gatherings.

Despite the diversity of their homelands, including outback deserts, tropical rainforests and snow-capped mountains, all Indigenous people share a belief in the timeless, magical realm of the *Dreamtime*. According to Indigenous beliefs, spirit ancestors forged all aspects of life during the *Dreamtime* of the world's creation. These spirit ancestors continue to connect natural phenomena, as well as past, present and future, through all aspects of Indigenous culture.

A number of European explorers sailed the coast of Australia, then known as New Holland, in the 17th century. However it wasn't until 1770 that Captain James Cook chartered the east coast and claimed it for Britain. The new British outpost was utilised as a penal colony and on the 26 January 1788, the First Fleet of 11 ships carrying 1,500 people—half of them convicts—arrived in Sydney Harbour. The anniversary of this day is now celebrated in Australia as Australia Day. However, this day is not considered as a celebratory day for all Australians. The Indigenous community associate the day with the 'invasion' of Australia and the loss of country that they had lived in for thousands of years.

Soon after British colonisation, Indigenous people became displaced by the new settlements. This dispossession of land was accompanied by illness and death from introduced diseases.

This led to the destruction of traditional lifestyles and practices. Many hostilities also ensued in Australia post-colonisation between Indigenous communities and the newly arrived settlers. Indigenous people were subjected to ill-treatment and many of them were killed in a series of massacres from the early years of colonisation through to the early parts of the 20th century.

Between 1910 and 1970, the Australian Government had a policy of assimilation which resulted in the forcible removal of indigenous children from their homes. The idea was to remove the influence of the indigenous culture so that the Australian society would become overwhelmingly 'white', which was considered to be superior.

The first of the migrants who were primarily convicts, were transported from Britain, Ireland and, to a lesser degree, other British colonies.

Altogether 80,000 arrived in New South Wales between 1788 and 1840. When penal transportation ended in 1868, 160,000 men and women had arrived in Australia as convicts. Life for convicts in Australia was harsh.

Free settlers began to flow into Australia from the early 1790s and they were from many varied backgrounds. Between 1851 and 1861 over 600,000 people arrived in Australia. The majority were from Britain and Ireland. Around 60,000 people were from Continental Europe, 42,000 from China, 10,000 from the United States and just over 5,000 from New Zealand and the South Pacific. This was in response to the discovery of gold at several goldfields. Although Australia never again saw such a rush of new immigrants, the heightened interest in settling in Australia remained.

The six self-governing colonies of New South Wales, Queensland, Victoria, South Australia, Western Australia and Tasmania became a nation under a single constitution on 1 January 1901, known as Federation Day.

At the time of Federation the total population of Australia was around four million, with one in four born overseas.

Following Federation, Australia's control of immigration changed. Instead of each colony managing its own system, the Commonwealth now oversaw the recruiting and selection of immigrants. Assisted passages were offered to encourage migration with priority still being given to the British and Irish. Despite comparatively large numbers of Chinese residents in Australia, the first legislation passed by the new parliament was the Immigration Restriction Act.

Often referred to as the 'White Australia' policy, this legislation effectively banned Asian migration for the next 50 years. That same year the Federal Parliament passed the Pacific Islands Labourers Act to prohibit their employment as contract labourers and to deport those already here.

In 1914, with the outbreak of the First World War, migration almost ceased. Furthermore, some migrants from countries previously thought acceptable were now reclassified as 'enemy aliens'. Those born in Germany, the Austro-Hungarian Empire, Bulgaria and Turkey faced internment or general restrictions on their daily lives. Altogether about 7,000 people were interned, with camps in New South Wales (NSW) at Berrima,

Trial Bay and Liverpool. After the war, the 1901 Immigration Act was extended to ban people from these countries for five years. The ban on Turkish people was not lifted until 1930.

With the end of the war in 1918 came a revival of assisted migration schemes. The British Government offered ex-servicemen free passage to one of the dominions or colonies and 17,000 arrived in Australia between 1919 and 1922.

As the United States sought to limit migration of Southern Europeans, increasing numbers of young men from Greece and Italy paid their own way to Australia. By the 1930s, Jewish settlers began arriving in greater numbers, many of them refugees from Hitler's Europe.

The 1929 stock market crash and the Great Depression put an end to sponsored migration and it was not until Australia had again fought a war, that it was resumed. Just as in the First World War, with the outbreak of the Second World War, previously acceptable migrants such as Germans, Italians, Japanese and Hungarians were reclassified 'enemy aliens'. As a consequence, they were interned or kept under close police surveillance. No distinction was made on the basis of political sympathies.

When the war ended, the government took an entirely new approach to migration. The near invasion of Australia by the Japanese caused a complete rethink of ideal population numbers.

In 1945, the Department of Immigration was established, headed up by Arthur Calwell. It resolved that Australia should have an annual population growth of 2%, of which only half could come from natural increase and 70,000 immigrants a year were needed to make up the difference.

Although the government wanted the majority to be Anglo Celtic, the British Government was both unable and unwilling to meet such a high target. At the same time, some 11 million people had survived the Nazi labour and concentration camps and many, particularly Poles, Yugoslavs, Latvians, Ukrainians and Hungarians, were unable or unwilling to return home.

On 28 November 1947, the first Displaced Persons 844 young Estonians, Latvians and Lithuanians, arrived on the *General Heintzelman* in Melbourne and were transferred to the Bonegilla migration hostel. In exchange for free passage and assistance on their arrival, they agreed to work for the government for two years.

During the seven years this scheme operated, nearly 171,000 people arrived. Australia's economy grew throughout the 1950s with major nation-building projects such as the Snowy Mountains Hydroelectric Scheme in the mountains near Canberra. International demand grew for Australia's major exports of metals, wools, meat and wheat, and suburban Australia also prospered.

When this source came to an end, the Federal Government negotiated a series of migration agreements including with The Netherlands and Italy (1951), Austria, Belgium, West Germany, Greece and Spain (1952), and the United States, Switzerland, Denmark, Norway, Sweden and Finland (1954).

From the 1950s, Australia began to relax its White Australia policy. In 1956 non-European residents were allowed to apply for citizenship. Two years later the Dictation Test was abolished as a further means of exclusion. In these immediate post-war years, Australia was second only to Israel in the proportion of migrants accepted. As a result, Australian society became markedly less British and Irish in character.

By the 1960s mixed race migration was becoming easier and in 1967 Australia entered into its first

migration agreement with Turkey, a non-European country.

In 1973, Australian policy in regards to migration changed. The Australian Citizenship Act declared that all migrants were to be accorded equal treatment. Over the next three years, the government ended conscription, abolished university fees and introduced free universal health care. It abandoned the White Australia policy, embraced multiculturalism and introduced no-fault divorce and equal pay for women.

The term 'boat people' entered the Australian language in the 1970s with the arrival of the first wave of boats carrying people seeking asylum from the aftermath of the Vietnam War. Over half the Vietnamese population was displaced in these years and, while most fled to neighbouring Asian countries, some embarked on the voyage by boat to Australia.

The first boat arrived in Darwin in April 1976 carrying five Indochinese men. Over the next five years there were 2,059 Vietnamese boat arrivals with the last arriving in August 1981.

The arrival of 27 Indochinese asylum seekers in November 1989 heralded the beginning of the

second wave. Over the following nine years, boats arrived at the rate of about 300 per annum, mostly from Cambodia, Vietnam and southern China. In 1999, a third wave of asylum seekers, predominantly from the Middle East, began to arrive, often in larger numbers than previous arrivals and usually with the assistance of 'people smugglers'.

The assisted passage scheme ended in 1981. In 1988, the Fitzgerald Inquiry led to further changes in migration with a move away from 'family reunion' and towards an emphasis on skilled and business categories. In 1996, for the first time in Australia's migration history, the number of British migrants arriving fell to second place behind New Zealand. Renewed prosperity in Europe also meant that, where once Italians and Greeks made up the majority of non-British new arrivals, today, (after New Zealand), it is people from China, South Africa and India.

Conflicts arising overseas have contributed to Australia taking in refugees from countries previously unrepresented. In 2006, the fastest growing refugee group was from Sudan, South Sudan followed by Afghanistan and Iraq.

Australia has a rich migration history. The attitudes towards migration and particularly to the ideal source of migrants have changed considerably over the course of time, from when Australia was first colonised by the British in 1788. The demand to live in Australia grows every year. Policy and implementation challenges exist for the Australian Government as this demand grows due to widespread issues which exist globally. The pursuit of living in a peaceful and safe environment brings many who seek this lifestyle to the shores of Australia.

SNAPSHOT OF AUSTRALIA

Key values that reflect the Australian way of life are:

- Democracy
- Freedom of Speech
- Freedom of Religion
- Equality based on gender, religion, income and culture.

Australians are generally laid-back, open and direct. They say what they mean and tend to be very outgoing.

Non-indigenous Australians show respect by looking people in the eye.

Australians respect a person's personal space and generally do not stand close to each other.

If Australians have difficulty pronouncing a name of someone from a diverse culture, they will sometimes suggest that they adopt an Australian name. Sometimes they will give you a 'nickname' which is very common in Australia. This is a gesture of friendship in most cases.

English is the main language. There is no state religion in Australia. However, the majority of its people identify as Christian (approximately 13 million). There are approximately 400,000 Buddhists, 340,000 Muslims, 148,000 Hindus and approximately 88,000 Jews.

Despite its wide spaces, Australians are mostly urban dwellers with more than 80% living in big coastal cities, particularly along the eastern and southern areas of the continent.

Education is important to Australians and is compulsory until 15 or 16 years of age.

In common with many other developed countries, Australia is experiencing a demographic shift towards an older population with more retirees and fewer people of working age as a result of ageing 'baby boomers' and increased life expectancy.

Australians support giving people a 'fair go' or equal opportunity. They show support for the underdog in many realms of life.

WHAT ARE AUSTRALIANS LIKE?

In the workplace and among friends, Australians generally call each other by their first names. When meeting someone for the first time, it is usual to shake the person's right hand with the right hand. People who do not know each other generally do not kiss or hug when meeting.

Australians love sport. In some states (New South Wales and Queensland), Rugby League is the predominant football or 'footy' code. In Victoria, the dominant football code is AFL (Australian Football League). The code is played throughout Australia. About 9% of AFL players are Indigenous Australians. Considering that only 2% of the total Australian population are Indigenous, this is an impressive statistic. Most people support the finals of major sporting events by either attending the event in person or by viewing it on television.

Mateship is a central part of the Australian culture. Mateship refers to an unspoken understanding that people will look after each other

in difficult times. This concept emerged as a national characteristic in the 1800s and features in popular stories of resilience against hardship shown by pioneering Europeans and the efforts shown by ANZACs in the First World War.

FOOD

There are a number of foods associated with Australia, including Vegemite, lamingtons, pavlova, Anzac biscuits, pies, sausage rolls, Chicko rolls, snags (sausages), steak, prawns and beer, to name a few. Vegemite seems to be the most common one that 'visitors' discover, and more often than not, hate! Vegemite is a dark brown paste made from various vegetables, yeast extract and spice additives. The most popular way to eat it is to spread it 'lightly' on bread or toast with butter. Australians also eat it with avocado, melted cheese or tomato.

The biggest culinary hobby in Australia is the Aussie barbecue, or 'barbie', which is a way for Aussies to socialise with friends and family and enjoy the fantastic weather for most of the year. Many people associate Australia with surfing, nice weather, kangaroos and the barbecue.

A typical Aussie barbecue includes sausages, burgers, steak, fresh seafood, bread and tomato or barbecue sauce, they sometimes include salad but it's mainly about the meat and fish (and of course a few 'stubbies' or beer).

Pies are a popular snack to eat on the go and almost every corner shop, bakery and supermarket will have a display case with lots of hot meaty pies to choose from. There are even specialty pie shops!

ANZAC Day is a public holiday in Australia, which honours the men that fought for the country during WWI. During the war, the wives baked ANZAC cookies to send off to their men at war. They were cheap to make and could stay fresh throughout long boat journeys.

MEN AND WOMEN

Men and women are generally treated equally in Australia. Women make up nearly 50% of the workforce and most women remain in the workplace after they marry. Many women return to work after their children are born. Women are also free to breastfeed in public.

There are no social rules regarding friendships or dating in Australia. Homosexuality is accepted and there are strong movements

by some sections of society to legalise marriage between same-sex couples. Friendships with members of the opposite sex and social events with both sexes are common. It is also common for couples to live together before they are married, or for men and women to live in a share-house arrangement.

People in Australia generally don't have servants, and men and women equally share the cooking and domestic duties in the home.

LANGUAGE

Australians often use humour and are considered to be quite sarcastic. The Australian sense of irony may be difficult for newcomers to the country to grasp at first. The Australian accent and use of 'slang' may also be confusing. It is considered acceptable to ask the meaning of slang terms or colloquialisms if they are not understood.

Below are some slang terms or language abbreviations that are commonly used in Australia.

Arvo – afternoon

Barbie – BBQ/barbeque

Battler – hard worker

Bloke – man

Brekkie – breakfast

Cossies – swimsuit

Dunno – don't know, unsure

G'day – good day or hello

Hang on – wait a minute

No worries – no problem/that's OK

Peckish – hungry

Ripoff – expensive

Scorcher – hot temperature

Snags – sausages

Sunnies – sunglasses

Telly – TV

AGED CARE IN AUSTRALIA

Australia has a well-developed aged care system. The aged care system offers a range of care options to meet the different care needs of each individual. Two main streams of care options are available for older people: residential aged care and community-based aged care.

Often people first enter the aged care system through community-based care, before eventually progressing to permanent residential care. Respite care in a

residential aged care facility can also be a step along the way to permanent care.

Residential aged care provides care within a supported accommodation setting for those whose care needs can no longer be met within their own homes. There are two types of care offered in residential aged care facilities:

- Permanent care offers ongoing care in a residential aged care facility, tailored to an individual's needs. While permanent care was previously offered at two levels—low and high care—this distinction was removed from 1 July 2014.
- Respite care offers temporary, short-term care in a residential aged care facility to support both older people and their carers to live at home for as long as possible. Unlike permanent care, respite care continues to be offered as either low care or high care.

From 2015, two main programs deliver community-based care for older Australians:

- The Commonwealth Home Support Programme (CHSP) commenced on 1 July 2015. It consolidated four existing programs and provides entry-

level support services for older people who need some assistance with daily living in order to live independently at home. In Victoria and Western Australia, these services continue to be offered through the joint Commonwealth-state funded Home and Community Care (HACC) Program.

- The Home Care Packages Programme provides more complex, coordinated and personalised care at home, and offers four levels of care packages to progressively support people with basic, low, intermediate and high care needs. From 1 July 2015, consumer-directed care applied to all packages.

In addition to these mainstream options, there are several flexible care programs which provide care for special groups or circumstances in mixed settings. These include the Transition Care Program, the Multi-Purpose Services Program and the Veteran's Home Care Program.

To access government-funded aged care services and support in Australia, My Aged Care is the one-stop-shop for these services as well as information.

My Aged Care will provide information on:

- the different types of aged care services available
- eligibility for those services and assistance with locating a local service in your area or your preferred service
- assessments and referrals to the providers who can meet the needs of the individual
- costs of the aged care services, including fee estimators.

Caring for older people in the community often depends on the availability of informal carers to take on a caring role. These are unpaid carers (family, friends, or neighbours) who have assumed responsibility for another's physical, emotional, or developmental wellbeing.

AGED CARE CONSIDERATIONS FOR THE 70+ CALD POPULATION*

*Based on top 30 countries of birth



30%

Need assistance with core activities



21%

Live alone



32%

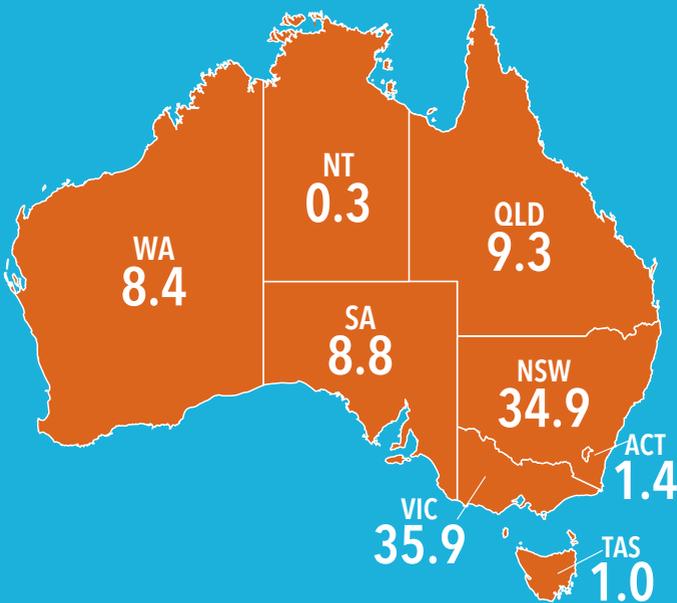
Speaks another language
Doesn't speak English well or not at all

Source: ABS 2011 Census

KEY EVENTS

Christmas	25 December
Boxing Day	26 December
New Year	1 January
Australia Day	26 January
Easter	(changes with Christian calendar)
Anzac Day	25 April
Queen's Birthday celebrations	(varies in each state)
Labour Day	(varies in each state)

% OF CALD POPULATION AGED 70+ BASED ON TOP 30 COUNTRIES OF BIRTH



TOTAL OF THE CALD POPULATION AGED 70+ IN AUSTRALIA BY COUNTRIES OF BIRTH*

23% Italy	2% Hungary
12% Greece	2% Egypt
8% Germany	2% Lebanon
6% Netherlands	2% Sri Lanka
6% China	2% Malaysia
4% Croatia	2% Macedonia
4% Poland	2% Austria
4% India	1% S. Eastern Europe
3% Malta	1% Ukraine
3% Vietnam	1% Phillipines

*11% other countries of birth

Source: ABS 2011 Census



AUSTRIA

BACKGROUND AND DEMOGRAPHICS

At the time of the 2011 Census, there were 17,010 Austrian-born people in Australia with most living in New South Wales, followed by Victoria then Queensland.

Prior to 1938, and the annexation of Austria by Germany, only a small number of Austrians immigrated to Australia. Following this period, emigration greatly increased, initially with Jewish Austrians moving to Australia. Between 1947 and 1961, many others followed under the Assisted Passage Scheme.

The Austrian-born population peaked in 1971 at 23,940 and has recorded a drop in population at each following census. Most of these immigrants were skilled tradespersons. Due to the length of time in Australia, Austrian-born people tend to have a well-established network of services

and activities usually by linking into the various German communities' networks; for example, German Clubs, which exist in most States and key regional centres.

Austrians are known for their *Gemutlichkeit*, a relaxed and happy approach to life. A good-natured sense of frustration and bittersweet attitude toward reality are considered unique national traits. Although a relaxed people, Austrians are committed to hard work. They value cleanliness, neatness and order.

CUSTOMS

Folk costumes are often worn on formal occasions and for celebrations. Each region has its own particular costume.

Professional titles are important among the adult population and are acknowledged whenever they are known.

Most Austrians belong to a church, even if they may not be regular attendees or practitioners of their faiths. At the 2011 Census, the major religions among Austria-born residents in Australia were Catholic and Lutheran.

Cultural arts are important to Austrians and they are extremely proud of their culture's contributions to Western civilisation. Austrians can often be mistakenly referred to as Germans. This should be avoided as it may be considered an insult.

FOOD

Austrians love good food and have a rich and varied cuisine drawn from the various cultures that once made up the Austro-Hungarian Empire. Such cultural influences come from Hungarian, Bohemian Czech, Jewish, Italian, Balkan and French cuisines.

Specialties vary by region but include *Wiener Schnitzel* (breaded

veal cutlet), *Sachertorte* (a rich chocolate cake with apricot jam and chocolate icing), *knodel* (moist potato dumplings), and *goulash*.

A typical day begins early with a light breakfast of coffee or hot chocolate, rolls, bread and jam or marmalade. Later in the morning, some eat a second, heartier breakfast, including goulash or hot sausages. The main meal can be at midday or in the evening. It usually includes soup, meat (often pork) with potatoes or pasta. Afternoon tea may include sandwiches, pastries and coffee. Austrians enjoy beer, wine, herbal teas, apple juice with sparkling mineral water, fruit juices and soft drinks.

Certain traditions remain strong, such as keeping hands above the table during the meal, not gesturing with utensils, and not placing elbows on the table while eating. It is considered impolite to begin eating prior to all people at the table being served.

VISITING

Austrians enjoy entertaining in their home and having guests. It is impolite to drop by unannounced. Invited guests should arrive on time. Punctuality is important to Austrians. Customarily, guests remove their shoes when entering a home. However, this tradition is not practiced in many homes today. Guests remain standing until invited to sit down.

Hosts customarily offer the best seats to their guests. Men stand when a woman enters the room or when talking to a woman who is standing. Invited guests bring flowers, candy, or a small gift. Gifts are given to the wife, or perhaps the children, but not the husband, even if the gift is for the family.

To show courtesy to the hosts, guests do not ask to use the telephone, nor do they offer to help make any preparations. When guests leave they are accompanied outside to the gate. Hosts remain until the guests are out of sight. It is polite and generally expected for guests on foot to turn once or twice while walking away and wave to the hosts.

CARE FOR THE ELDERLY

Austrians are often stoic about pain and may loathe seeing a doctor too quickly. The patient will attempt to cope with pain for as long as possible mostly by trying to ignore it. The person generally won't talk about it unless a close friend or family member mentions any changes they have noticed.

Traditionally family members care for their elderly at home for as long as possible. Residential care is seen as acceptable if other care is unavailable.

END-OF-LIFE CONSIDERATIONS

Austria is mainly a Catholic country, and therefore many of their funeral rites and traditions are based on Catholic traditions. Austrian funerals are often grand affairs, with an emphasis on wearing fashionable clothing and the performance of live music.

Generally speaking, Austrians have been known to have quite a preoccupation with death, which they inherited as part of their imperialist history. The *schöne leiche* or beautiful corpse is a cult which emanated in the capital of Vienna when the Viennese would pay highly to be represented in an attractive way when deceased, the

thought being that they would be remembered in death.

Austrians have always been scared of being buried alive, thus a device with a cord attached to the hand of the deceased that would ring a bell above ground if they came back to life was common in the country. The family is expected to stay with the dying person until the final hours of their lives. The deceased is bathed and dressed in formal wear.

Prior to the burial, it is common for relatives and friends to gather to pray, to view the body and say their final farewells. A requiem mass is generally celebrated prior to proceeding to the cemetery for the burial. Following the funeral, family and friends gather for drinks and refreshments. It is important to establish each person's wishes to prepare for end-of-life care and it should be recorded as part of their care plan.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
National Holiday	1 May
National Holiday (Octoberfest)	26 October

Aperschnalzen – A traditional event held in February in Salzburg. Young men in Lederhosen gather in uneven numbers and use large whips to create loud sounds. This is meant to awake the seed in the soil and call good spirits to chase the snow away.



DID YOU KNOW?

An Austrian named Josef Madersperger invented the sewing machine in 1818.



BALTIC STATES

ESTONIA, LATVIA & LITHUANIA

BACKGROUND AND DEMOGRAPHICS

The Baltic States, also known as the Baltics, Baltic Nations or Baltic countries are the three northern European countries east of the Baltic Sea, known as Estonia, Latvia and Lithuania. They gained independence from the Russian Empire in the wake of World War I.

In the period between the World Wars, the Baltic States also included Finland. While the indigenous populations of Latvia and Lithuania are known as Baltic peoples, Estonians are Finnic peoples.

The first migrants from Latvia, Lithuania and Estonia settled in Australia in the 1800s. Their numbers were very small and consisted primarily of Latvian sailors who arrived on trading ships from Europe. Most of the sailors never left Australia as they worked on coastal vessels around the continent.

Following the Russian Revolution of 1905, some Estonian and Latvian men sought refuge in Australia. Other people from the three Baltic States arrived in Australia to escape the Nazi and Soviet occupations and military campaigns during the 1940s. In fact, one-in-five Estonians were deported from their homeland during this period or forced to flee.

In 1944, 60,000 Lithuanians left their homeland to escape the hostilities. Many came to Australia as displaced persons from camps in Germany. Arthur Calwell, the first Australian Minister for Immigration, went to camps for displaced people around Europe to look for suitable immigrants. In November 1947, a vessel containing people from Estonia, Lithuania and Latvia arrived in Australia.

Many Estonian immigrants settled in Thirlmere, NSW, from 1924 through to post-World War II, when tens of thousands fled to avoid being sent to Siberia for

alleged political and economic crimes. Estonians are largely responsible for the development of the successful poultry industry in NSW, which at one stage was the largest egg producer in the state and still provides the majority of NSW's poultry produce. Many of the younger generations of Estonians have left the area and moved closer to the city but other original immigrants and newcomers live in Australia's only Estonian residential aged care facility located in Thirlmere.

CUSTOMS

Older people from the Baltic States are primarily Christian, and follow the doctrines of the Lutheran and Catholic faiths. Lutheranism is the main religion in Estonia and Latvia, while Catholicism is dominant in Lithuania.

People from the Baltic countries are very proud of their heritage, especially in light of their recent

independence. It is not considered politically correct to refer to Estonian, Latvian and Lithuanian people as 'Russians'. These countries were formerly a part of the Soviet Union; however, Estonians, Latvians and Lithuanians are distinct ethnic groups. There is diversity in the languages, religions and traditions leading to distinct cultural identities. Estonians, Latvians and Lithuanians are often called the 'singing nations'. Folk festivals and church choirs are popular in each community.

Lutherans celebrate the major Christian holidays, Christmas, Epiphany, Palm Sunday, Ash Wednesday, Easter, Lent, Holy Thursday, Good Friday and Pentecost. Lutherans also celebrate holidays associated with the history of their faith, such as Reformation Day. Along with popular Christian celebrations, the celebration of Midsummer's Eve (St. John's Eve) is an important festival for Estonians, Latvians and Lithuanians.

Lutheranism is the oldest form of Protestantism and dates back to the Reformation and Martin Luther King. They share this heritage of worship with other Christians as a symbol of unity through baptism. This form of worship (liturgy) is mostly spoken or sung from parts of the Bible. Lutherans have a rich heritage of singing together and the décor of their churches is kept to a minimum.

FOOD

Cold climates and a relatively small land area has limited the food options of the people who live in the countries of Estonia, Latvia and Lithuania. The Baltic States tend to share the same basic available produce such as potato, mushroom, dill, beetroot, cabbage, cucumber, barley, rye, rhubarb, apple and berries. People from Baltic countries also eat fish, pork and dairy products such as milk, yoghurt, sour cream and cottage cheese. Pickled vegetables and jellied fruits and meats are common. Estonians like to eat black bread and dumplings. Pancakes are enjoyed in Latvia and Lithuania. Soups, stews and roasts are enjoyed across all three countries as well as pies made with seasonal fruits, berries and rhubarb. Food is usually flavoured with salt,

caraway seeds, marjoram, onions and garlic.

One of Estonia's national dishes is *räim* or Baltic dwarf herring. Famous *Riga Sprats* are imported to Australia from Lithuania. A cold fish sandwich with Riga Style Rye bread is a breakfast and lunch staple in many households.

VISITING

Rural and older Latvians prefer to visit at home, by invitation. Gatherings of guests are relatively small. It is considered polite to arrive on time or just a few minutes late. Shoes are removed at the door, often replaced with slippers offered by the host. Latvians appreciate a gift, especially flowers. Flowers are given in odd numbers, with even numbers reserved for funerals. Refreshments served may include liquor, apples, small sandwiches or *maizites* (meat-filled pastries). The way the food is presented is extremely important and, after the meal, the gathering often breaks into song. There are more than 200,000 folk songs in the repertoire. Goodbyes are repeated as guests prepare to leave and kisses and warm handshakes accompany the parting.

CARE FOR THE ELDERLY

In Estonian, Latvian and Lithuanian cultures, family is central to the social structure. Some families may have members of extended family living with them. The family provides both emotional and financial support to each other. It is common for parents to provide financial assistance to adult children. In return, children are expected to take care of their elderly parents, rather than place them in care homes. People from Baltic countries have a strong sense of respect for age, experience, position or professional occupation. Older people are generally viewed as wiser and as a result revered and honoured.

Many people from these cultures still use traditional home remedies that have been passed down for generations. Remedies based around drinking hot tea with honey or lemon, vodka, chamomile. Mustard plasters on the back are considered a cure for the common cold or the flu.

END-OF-LIFE CONSIDERATIONS

Funeral practices generally follow these steps. First, the deceased is formally dressed and laid out for a three-day, three-night viewing either at home or in a public venue.

Family and friends keep watch and ensure that candles stay lit as people bring flowers—always in even numbers—and pay their respects. This is followed by a burial ceremony at a cemetery (cremation is not common) and a formal luncheon for all funeral attendants. This luncheon is a time for friends and family to share their memories of the deceased.

It is common to visit the graves of loved ones on birthdays and on 1 November (All Saints' Day), when most cemeteries overflow with flowers and burning candles.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Labour Day	1 May



DID YOU KNOW?

Estonia embraces technology and connectedness. Not only is Estonia the homeland of the successful software program Skype, but you can find Wi-Fi all over the country, including public parks.



CAMBODIA

BACKGROUND AND DEMOGRAPHICS

Cambodian-born migrants first arrived in Australia during the late 1940s. In 1953, Cambodia gained independence from French rule and Cambodian students began arriving in Australia in small numbers.

During the 1960s and 1970s, larger groups of students came to Australia under the Colombo Plan but were only offered temporary residency.

From 1975 to 1978, an estimated one million Cambodians died of starvation or execution under the Khmer Rouge regime in Cambodia (then Kampuchea). Large numbers fled their homeland and many spent years in refugee camps in Southeast Asia, waiting for decisions about their future. The Australian Government responded by increasing the quota of Cambodian refugees. After 1978, the guerrilla war conducted by the ousted Khmer Rouge resulted in increasing

Cambodian emigration. Between April 1975 and June 1986, more than 12,000 Cambodians came to Australia under the Refugee and Special Humanitarian Program.

During the late 1980s and early 1990s, the number of Cambodians settling in Australia declined. With political conditions stabilising, most Cambodians now settle in Australia under the Family Reunion Program.

CUSTOMS

The national language of Cambodia is Khmer. About 75% of Cambodian-born people in Australia speak Khmer, about 10% speak Cantonese and 7% speak Min Nan. Less than 55% of Cambodian-born Australians speak English well, and around 45% speak English not very well or not at all. English proficiency in the Cambodian community, particularly among the older generation, is very low. Many older Cambodians have had no formal education in

Cambodia and as a result many are not literate in their own language.

In Australia, about 79% of those born in Cambodia are Buddhist and 2.5% are Catholics. Khmer Cambodians follow Theravada Buddhism. Theravada Buddhism originated from North India and Nepal in the 6th century.

Theravada Buddhism emphasises individual enlightenment; the ideal is to become an arhat, which means 'worthy one' in Pali, the doctrinal language. An arhat is a person who has become enlightened and who has freed himself from the cycle of birth and death.

Buddhist monks have a special place in a Khmer's life. Monks are greatly respected and are allowed free passage when walking in the community. Monks are not permitted to be touched by females. Some families invite monks to their homes for ceremonial events. Buddhist monks play an

important role in Cambodian life by educating people on Khmer culture and values. At one stage in Cambodia, monks were the only literate people in rural communities.

Monks generally only participate in the ceremonies of marriage and funerals but do not lead them. Traditionally, monks had the roles of healers or mind practitioners, similar to the role of the modern psychologist.

Buddhism is still practiced by Cambodians living overseas, especially among the elderly. Most Cambodians believe in a supernatural world. They seek supernatural help when falling ill or in times of crisis. Traditionally, Cambodians would enlist help from a practitioner whom they believed could assist them via the spirits. All spirits must be respected. The living can show respect to the spirits by providing food. If food is not provided, then a misfortune may be experienced.

FOOD

Traditionally, Cambodians eat together as a family usually three times a day. Rice and noodles are the main components of a Cambodian diet, with some being influenced by Chinese cooking. In Australia, rice and fish are popular as in Cambodia.

Noodles demonstrate the influence of Chinese cuisine in Cambodian cooking whereas curry dishes exemplify the influence of Indian cuisine. However, the curry base is not the same. Fish is either freshly cooked or eaten dry or salted.

Cambodians like seasonings such as hot peppers, lemon grass, ginger and various mints.

Cambodians also use fish sauce as a dipping sauce, in soups and in stir fries.

The main ingredient of many Khmer curries and desserts is coconut milk. Cambodians enjoy sweet desserts made from either fruit or rice. They also drink tea and coffee with condensed milk which was introduced by the French colonists. Chillies are also consumed by some Khmer people. Typically, Cambodians have at least two or three separate dishes for every meal and each dish has a different taste—sweet, sour, salty or bitter..

VISITING

Among friends and relatives, visiting is frequent and usually unannounced. People remove their shoes when entering a home or a place of worship and religious education. A house guest may be greeted with a bouquet of jasmine flowers placed on their desk or table. Cambodians are extremely hospitable and friendly in general, although they are cautious about inviting strangers into the home. Guests are given the best place to sit and the best portion of food.

CARE FOR THE ELDERLY

Cambodian elders traditionally live with their children. Children feel that it is their responsibility and duty to care for their parents. If an elderly person does not have children, then they live with other relatives. Following migration, many Cambodian families are faced with difficulties in caring for their elders due to new lifestyles and changes in responsibilities. These changes are challenging some of their traditional values and roles. Choosing residential care as an option is still a huge challenge for many Cambodians. Many Cambodians feel uncomfortable, guilty and ashamed to send their elderly to residential care. They are more

comfortable to work with home support and care services and other alternative support systems before considering residential care.

END-OF-LIFE CONSIDERATIONS

Cambodian elders focus on religious and spiritual principles. These principles and life values assist them towards a harmonious ageing journey and peaceful dying process. Many elderly migrants have lived more than half of their life times in other countries such as Australia, after escaping from the Khmer Rouge regime of Pol Pot. The Cambodian genocide saw 25% of the country's population killed by starvation, overwork and executions.

Experiencing end-of-life in a foreign country can sometimes cause a wide range of emotional suffering. Survivors can feel guilt-ridden over memories from the Cambodian genocide, especially if they had to leave family members. In Cambodia, end-of-life is mostly experienced in the home.

When a person dies the body may be kept at home for one to three days. This offers family members an opportunity to share grief and sadness collectively. At the same time this provides opportunities for visitation and religious ceremonies.

Generally the funeral ceremony happens according to the families' religious practices. Family members collectively make decisions about funeral proceedings. After the death, the body should be washed and prepared by the family. Hands are placed in the prayer position and candles and incense are placed in the deceased's hands.

Families sometimes place a coin in the mouth of the deceased. Cremation is preferred in Cambodian culture although some may have different preferences, for example, Chinese-Cambodian.

Ceremonies are usually held on the 7th day after the death and again at 100 days and at every anniversary thereafter. According to Cambodian culture, following the funeral ceremonies, friends and family members visit the family and make a financial contribution. Immediate male family members have their heads shaved when there is a death in the family.

KEY EVENTS

Meak Bochea Day	7 February
Khmer New Year Day	13, 14, 15 April
Visak Bochea Day	5 May
Pchum Ben Day	14, 15, 16 October
Independence Day	9 November



CHILE

BACKGROUND AND DEMOGRAPHICS

According to the 2011 Census, there were approximately 24,936 Chilean-born people living in Australia at the time, which includes 33,525 people who claim Chilean ancestry. They are one of the largest groups of immigrants from Latin America.

The first known Chilean to arrive in Australia was a political exile, the former President of Chile, General Ramon Freire, who arrived in 1838. The number of Chilean migrants to Australia remained low at the beginning of the 20th century.

Since the late 1940s, there have been three distinctive waves of Chilean migration to Australia. Approximately 2,000 Chileans came to Australia between 1968 and 1970 as a result of the economic crisis that occurred under Eduardo Frei's presidency. When Socialist candidate Dr Salvador Allende was elected President in 1970, a second

wave of migration ensued when a number of Chileans felt increasingly worried about their economic and political future and therefore decided to leave their country, some chose to move to Australia. The majority of this group identified with the middle class that had traditionally associated itself with the wealthy Chilean oligarchy. By 1971, the number of Chilean-born people in Australia had reached 3,760.

The third wave, and the greatest in number, came after the military coup of General Augusto Pinochet on 11 September 1973. People emigrated at this time for both political and economic reasons, and consisted mostly of working-class Chileans and lower middle-class backgrounds, a largely homogenous population of skilled workers. The military coup led by General Augusto Pinochet in 1973 prompted a large number of Chileans to flee to Australia.

By 1981, the number of Chilean born people reached 18,740.

Following the restoration of democracy in Chile in 1990, most Chileans have come to Australia under the Family Migration Stream.

CUSTOMS

Most Chileans are Christians, belonging to Catholic, various Protestant groups and other Christian denominations. It is estimated that more than 80% of the population belong to the Catholic Church.

The Chilean people are friendly, both among themselves and with strangers. They are known for their sharp and witty sense of humour. This behaviour, and their cultural and educational refinements, has earned them the distinction of the 'British of South America'. Chileans take pride in their literacy, their nation and their heritage. Chile's history has included dictatorships

that are still very much a part of the national psyche today. Chilean customs differ quite a lot from region-to-region.

Greetings in Chile are very important because they stress that an individual is welcome and recognised. The *abrazo* is the most common greeting among friends and relatives. It consists of a handshake and a hug. Kissing is the common greeting between women. Handshakes are also appropriate, particularly when meeting someone for the first time.

Eye contact is very important when greeting someone. Men stand to greet a woman entering the room. Chilean people show significant outward affection to friends and relatives. The *abrazo* is repeated with each individual when one leaves a small social gathering of friends or family.

FOOD

Many national dishes are prepared with fish, seafood, chicken, beef, beans, eggs and corn. A common meal is soup or *cazuela* made with meat, beans, corn, pumpkin and potato.

Chileans converse freely at the table and the hostess is complimented on the meal. Both hands are kept above the table at all times.

It is impolite to leave directly after eating; guests should stay for conversation.

VISITING

Contrary to some areas in South America, guests wait outside the door of a home until invited inside. Dinner guests often bring flowers, wine, or bread for the host family. It is appropriate to greet the head of the family first. Chileans appreciate guests who show genuine interest in their family, especially their children.

CARE FOR THE ELDERLY

Chileans respect the elderly and family ties are strong. The family includes not just the immediate family, but also the extended family, such as aunts, uncles and cousins

and grandparents. The family is extremely self-sufficient and very much closed to outsiders, except for very close friends.

The extended family provides a crucial support structure, both emotionally and economically to each of its members. The father is the unquestioned figure of authority; a mother is usually the main caregiver. Chilean families usually care for their grandparents in Australia. Family members that have to work and study may limit the time spent with the elderly.

Older people are reluctant to go to residential care, even though they will be attended and looked after, they feel they will miss the nurturing from their family unit. Elderly people consider residential care as the last resort. Chileans prefer to stay in their homes or live with their sons and daughters.

Many Chilean migrants were tortured and severely traumatised in their country of origin and are reluctant to see a psychologist or psychiatrist about their resulting depression or personal problems. Some will ask for help and support from relatives and friends, while others will try to find peace and solace in the Church.

END-OF-LIFE CONSIDERATIONS

Chileans pay great tribute to loved ones who have passed away. Following death, a wake and a funeral are held at a church where close friends and the extended family assist with the religious service. Most Chileans prefer graves, but in recent years an increasing number of people choose to be cremated. When someone dies, an older person washes the deceased and dresses them in clean clothes.

Candles are lit and the family holds an all-night wake. Family and friends come to say their last farewells and a ritual meal is eaten. Family members visit the grave for nine days following the burial and it is common practice that each year on the anniversary of the death a Catholic mass is offered in the deceased's memory.

On November 1, All Saints' Day, a large number of Chileans visit cemeteries to bring flowers to the grave of family members and friends. Most Chileans believe that there is an afterlife and that death is not the end, but only one phase in an infinite cycle.

It is believed that what happened to the individual after he/she dies is determined largely by the way they lived.

In Australia, the rites are simple and short compared with those held in Latin America.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Independence Day	18 September
Columbus Day	12 October



DID YOU KNOW?

Chile has one of the longest recorded dry spells, recorded in the Atacama Desert. It did not rain for 40 years.



CHINA

BACKGROUND AND DEMOGRAPHICS

The first wave of Chinese migration to Australia began in 1827. Large numbers of Chinese labourers were recruited to work in the pastoral industry. In the 1870s, the gold rush era brought another influx of Chinese to Australia.

According to the 1861 Colonial Census, Chinese-born migrants comprised 3.4% of Australia's population and they were the second largest immigrant group after those from the British Isles.

The 'Australian-Chinese Family Reunion Agreements' legislation (1976) increased the number of older migrants who arrived to join their children in Australia. Cantonese and Mandarin are dialects of the Chinese Language. They share the same base alphabet, but as a spoken language they are distinct from each other.

CUSTOMS

Mandarin is the official state language of China and is the common language of the country. It is the primary spoken language in Beijing and Shanghai, although some provinces still retain their own local dialect. Mandarin is also the main dialect in Taiwan, Singapore and within Chinese Malaysia.

Cantonese is spoken by the people of Hong Kong, Macau and Guangdong province, including Guangzhou (previously known as Canton). Cantonese speaking Chinese are more prevalent in Australia due to larger emigration from these areas.

As Chinese migrants came from various countries and cities, they brought with them diverse cultural traditions, religions and dialects.

Chinese migrants may practice Buddhism, Confucianism, Taoism (pronounced Daoism) or a mixture

of these beliefs. There are a number of Chinese-born people practising Christianity and Islam.

Confucianism is a system of behaviours and ethics that emphasises the obligation of people towards one another based upon their relationship. Confucianism stresses duty, sincerity, loyalty, honour, filial piety, respect for age and seniority. Through well-maintained harmonious relations as individuals, society itself becomes stable.

Buddhism is a cultural system of beliefs and practices based on principles of compassion and non-attachment. Buddhists do not believe in a personal creator. Buddha is recognised by Buddhists as an awakened or enlightened teacher.

Some older people born in China may have small family shrines or sacred spaces within their homes that only family members are allowed to touch or clean.

There might be a statue of Buddha, candles and an incense burner. People will chant to show their love for the Buddha. They make offerings of flowers, candles, incense and pure water at a shrine. When Buddhists worship alone they usually meditate and read from the Buddhist holy books. Every month most Buddhists have special religious days that they honour and go to the temples to workshop. These are often days when there is a full moon.

Chinese people wear bright colours, especially red, which is considered a sign of good luck. At traditional weddings, the bride will wear a red wedding gown. Chinese New Year celebrations will also witness people wearing this colour. Wearing black or white is reserved for mourning or a sad event such as attending a funeral. It is not suitable at a traditional wedding. Many Chinese believe in the Yin-Yang balance of food nutrition. Yin qualities include coolness,

dampness and darkness, as opposed to Yang's warmth, dryness and light. Therefore, Yin foods tend to be cooling and/ or moistening for the body, whereas, Yang foods tend to be warming and drying for the body. In general, Chinese believe most illnesses are caused by the disharmony and imbalance of energy flow within the body.

FOOD

Some popular Chinese dishes are: sweet and sour pork or chicken, *gong bao* chicken, *ma po* tofu, wontons, dumplings, spring rolls, chow mein and Peking duck. Many side dishes include rice, noodles and vegetables.

Chinese eating utensils normally are chopsticks, spoons and bowls. Forks and knives are not usually used at the table. It is believed that Confucius, a vegetarian, advised people not to use knives at the table because knives would remind them of the slaughtered animal. There is also a tradition that the dining table is a place of peace and harmony. The knife is considered to be a weapon and could disrupt the harmony of the table.

VISITING

Invitations are usually extended for formal occasions, but otherwise it is common to drop by unannounced. When invited, one is generally prompt. Being more than a few minutes late is impolite. Guests conduct themselves with restraint and refrain from loud, boisterous speech and actions. Valuable gifts are usually not accepted from strangers, but small gifts may be given by friends. In fact, friends often bring gifts such as tea, cigarettes, fruit, chocolates, cakes, or wine when they visit. Hosts rarely open wrapped gifts until visitors leave.

CARE FOR THE ELDERLY

As a collective community, it is regarded as the children's responsibility to look after their parents when they fall ill or grow old. Many Chinese take care of their elderly parents by offering them financial support to live at home or support for living in residential homes. Older Chinese people in Australia may become frustrated by their inability to speak or read English and their reliance upon their children. The existence of Chinese Senior groups and other services for Chinese speaking communities help to reduce the social isolation

which can be felt among older Chinese people. Chinese view age positively and as a sign of wisdom. However, some older Chinese may experience inter-generational conflict with their Australian-born grandchildren. Chinese values draw upon many influences such as Confucianism, Taoism and Buddhism.

Values such as loyalty, the maintenance of social order, superiority of men over women, self-restraint, self-respect and self-blame are embedded in the Chinese culture and have considerable implications for health care during the end of life. The implication of these values is that collective decision making within the family is regarded as the norm. Usually females take the caring role and the oldest male in the family is the decision-maker but does not necessarily provide the physical care.

END-OF-LIFE CONSIDERATIONS

The open discussion of terminal illness and end-of-life issues are not considered appropriate in Chinese culture, it is regarded as highly inappropriate during celebrated festivals.

Not every Chinese wants to die at home as they believe that their

death may bring negative energy into the house.

Due to different religious backgrounds, there are different burial ceremonies that take place. The job of coordinating and preparing the funerals of Chinese elders falls on children or younger family members.

KEY EVENTS

Labour Day	1 May
National Day	1, 2 October
Mid-Autumn Festival	Varies
Chinese New Year Spring Festival	February (Lunar calendar)
Lantern Festival	Varies



DID YOU KNOW?

Toilet paper was invented in China in the late 1300s. It was for the use of emperors only.

CASE STUDY

MR LEE

Lee was born in China. He has broken English and sometimes people think he is rude. A staff member and a resident in the facility in which Lee lives were having a conversation in the hallway. The hallways at the facility are somewhat narrow and Lee walked between the staff member and resident having the conversation with his head bowed without saying “excuse me please”. The resident was offended by Lee’s action and called out behind him, “You are so rude”. The staff member that was with the resident said “I don’t know why, but I have noticed that Lee always does this, I don’t think he means to be rude”.

Note: Chinese people do not generally say ‘please’ and ‘thank you’, and if they have to walk between two people who are having a conversation, they bow their heads when walking between, instead of saying, ‘Excuse me please’. The bowing of the head in China is a mark of respect. The phrase ‘Excuse me, please’ is a Western cultural norm and the meaning behind the phrase is not necessarily understood by people from CALD backgrounds.

EXERCISE

1. Do you think it was Lee's intention to be rude when walking between the staff member and resident?

2. Is Lee's behaviour acceptable and how would it make you feel?

3. Why do you think Lee did what he did?

4. After thinking about how you would feel in this situation, list some strategies you would use as a health professional when working with clients from CALD communities.



CROATIA

BACKGROUND AND DEMOGRAPHICS

Croatian settlement in Australia began in the 19th century, prompted by strong hostility to Austro-Hungarian rule. By 1854 there were many Croats working in the NSW and Victorian goldfields. Another wave of migrants came from the Croatian wine-making region of Dalmatia, which was affected by phylloxera disease that ravaged its wine industry.

The Croatian community in Australia is the largest national group from the former Socialist Federal Republic of Yugoslavia (SFRY). Following the Second World War, the Croatian population quadrupled from 5,870 in 1947 to 22,860 in 1954.

Many migrated under the Displaced Persons Scheme and a significant number of those were Croatian speakers. The migration of displaced persons peaked in 1958.

In the 1960s, the Government of Yugoslavia opened its borders to allow citizens to seek employment abroad. Between 1961 and 1976 almost 100,000 Croatian-born people took advantage of this opportunity and migrated to Australia.

In June 1991 Croatia declared its independence from SFRY. Due to the conflicts during 1991-1995, most of the new arrivals came under Australia's Humanitarian and Refugee Program.

The former Yugoslavia was overall the third-largest source of migration from Continental Europe, behind Italy and Greece. The 2011 Census recorded 48,828 Croatian-born people in Australia. At this time, the major religious affiliations among Croatian born were Catholic (36,531) and Eastern Orthodox (7,076).

The Croatian community has well-established Catholic parishes, clubs and sporting venues throughout

Australia. In recent years, several Croatian churches and community Centres and soccer clubs have celebrated their 50th anniversary in Wollongong, Canberra, Adelaide, Melbourne, Sydney, Geelong, Brisbane, Hobart and Wodonga. Croatian churches and community centres, clubs and venues are more than just meeting places. These venues are places where one can enjoy Croatian food, language, culture, music, sports, practice religion, and educate Australian-born Croatians in language, religious education and folklore dancing. They are considered community assets, with considerable time and money spent building them.

CUSTOMS

Croatians especially worship the Virgin Mary, or as they often refer to her as 'Our Lady'. There are numerous shrines in her honour throughout the areas where

Croatians live, but most famous is *Marija Bistrica* and *Medjugorije*. Croatia's Catholic heritage can be seen in its celebration of Christmas. Christmas Eve is called *Badnjak* in Croatia and is celebrated in a similar manner to other Eastern Europe countries.

On Christmas Eve, the Christmas wheat (which has been sprouting since St. Lucy's Day on 13 December, is tied with ribbons in the colours of the Croatian flag—red, white and blue. It is common practice to attend midnight mass or church on Christmas day.

Easter is also of great importance, Croatians celebrate this event in traditional forms, including fasting during lent and the colouring of eggs.

Celebrations of name days, as aligned with Catholic saints, has been more common than celebrating actual birthdays.

FOOD

The food of Croatians originating from the north and inland is often influenced by Austrian or Hungarian cuisines. A typical lunch includes chicken or beef soup, cooked meat (often pork), potatoes and bread. Greens with vinegar and oil are served in the spring and summer and pickled vegetables in the winter. Along the coast, a meal usually includes fish and pasta, risotto or polenta. Lamb is common in the Dalmatian highland region.

Breakfast is simple, usually consisting of strong coffee and bread with jam. A traditional dinner typically consists of soup, meats and salads and bread. Bread is generally served with everything.

For holidays or special occasions, there are larger quantities of food, particularly meat. Roast pork and lamb or *pecenka* is popular across many areas of Croatia, including Zagreb and Slavonia. Special cakes are also prepared. Fried cheese, octopus salad, spicy grilled meats and dishes made with filo pastry reflect different cultural influences.

Whenever people get together for a celebration, they often drink alcohol together. In Zagreb and on the coast, grape or herb brandies are popular. Strong Turkish-style

coffee and espresso are important symbols of hospitality. Licitars are colourfully decorated biscuits made of sweet honey dough that are part of Croatia's cultural heritage.

VISITING

Croatians enjoy visiting one another to socialise. It is customary for visitors to drop in unexpectedly and if not home will leave a branch or something in front of the door to show the resident that a visitor has been.

When invited to a home, first time guests bring a gift to the host. It is usually a bottle of wine, sweets, or flowers.

CARE FOR THE ELDERLY

The family is the basis of the social structure. The extended family is the norm and relatives on both sides of the family remain quite close. The family provides its members with a social network and assistance in times of need. Croatians prefer to look after their elderly parents rather than sending them to an aged care facility. Elderly Croatian people are valued and highly respected. Croatians who have lived in Australia for a long time have come to accept aged care services more openly.

END-OF-LIFE CONSIDERATIONS

Traditionally, a 24-hour vigil is held at the bedside of the dying person. The priest is generally invited to pray with the relatives and will anoint the dying person.

The deceased is bathed and dressed in clothes selected by the family and rosary beads are placed in the hands of the deceased. The rosary is recited in the church, or funeral parlour, depending on where the body of the deceased is located.

Mass is held prior to the burial and prayers are recited at the gravesite. Following the funeral, friends and family are invited to the wake of the deceased for light refreshments. Mourners wear black clothes for up to a year or for life. Visits to cemeteries are very important to family throughout the year, especially on the 'Day of the Deceased' and All Souls Day, where the whole community and priest go from grave to grave to recite prayers for the deceased person. A bunch of chrysanthemums are usually taken to the graves. It is common in Croatia for graves to have candles, flowers and a photo. Masses are paid for throughout the year in remembrance of the deceased person. A week after the passing of a loved one, the family attends a mass and then the

cemetery to light a candle for the deceased. Lighting of candles for the deceased is a common practice among the Croatians.

When visiting a grieving family it is common to bring alcohol, a bag of Turkish coffee, sugar, sweets and flowers. When visiting a Croatian Catholic family it is tradition to enter a house with the greeting *Hvaljen Isus I Marija* (Thank Jesus & Mary) the resident then replies with *Uvijek Hvaljen bilo* (Always thankful).

KEY EVENTS

Christmas Božić	25 December
New Year Nova Godina	1 January
Easter	Varies
Assumption of Mary Velika Gospa	15 August
All Saints Day Dan svih svetih	1 November
All Souls Day Dusni Dan	2 November



DID YOU KNOW?

Croatia takes credit for inventing the necktie. The French were intrigued by the Croat's practice of tying pieces of fabric around their necks and developed a fashion out of their inspiration during the 1700s.



CYPRUS

BACKGROUND AND DEMOGRAPHICS

Australia is home to the largest Cypriot community outside Cyprus, with over 80,000 Cypriot-born migrants and their families. The Cypriot community of Australia is active, successful and vibrant and makes an important contribution to the social and cultural richness of this country. Most Cypriots came to Australia as either migrants or as refugees as a consequence of the 1974 Turkish invasion.

The earliest known Cypriot migrants arrived in Australia in the 1850s, attracted by the gold rushes. By the 1890s, Cypriot shopkeepers had established businesses in Melbourne and Sydney. Turkish-Cypriots holding British passports migrated to Australia after World War II. In the following years, migration from Cyprus to Australia continued to rise. Today, there exists Cypriot-born residents in all Australian capital cities. The Greek-Cypriots

retain a numerical dominance within the community. The largest Greek-Cypriot communities are in Sydney and Melbourne. Melbourne has the most Turkish-Cypriots. Greek-Cypriots are mostly Greek Orthodox (77%). Other religions include Sunni Muslim (18%), and Eastern Orthodox (1%). The majority of Turkish-Cypriots are Sunni Muslims.

CUSTOMS

In Cypriot culture, it is important not to bring dishonour to the family. Parents strive to provide young couples with a home and perhaps even a car. With the onset of urbanisation relatives are not always in close proximity.

In Cypriot culture, women tend to take responsibility for the smooth running of the household. Men often will take an interest in politics. Children are a high priority both in the family and community. Cypriots are expressive in their greetings.

Men hug or slap male friends on the back or shoulder. Women kiss friends on both cheeks. New acquaintances greet each other more formally, whereas friends use first names.

FOOD

Fresh salads (often with cucumber and tomato) and plain yoghurt accompany most meals. The main meal consists of vegetables cooked in many ways, including *yahni*, made from olive oil, tomato and onions. When eating out, people often order *meze*, which is a large collection of smaller dishes, dips and salads. The main course will usually be grilled meat or fish, including squid, octopus, red mullet and sea bass. Common vegetable dishes include potatoes in olive oil and parsley, pickled cauliflower and beets, asparagus and taro. Other traditional delicacies of Cyprus are meat marinated in dried coriander, seeds and wine,

and eventually dried and smoked, such as *lountza*, smoked pork loin, charcoal-grilled lamb, *souvlaki*, pork and chicken cooked over charcoal), and *sheftalia*, a type of Cypriot sausage. Cyprus is also well known for its desserts, including *lokum*, also known as Turkish Delight and *soutzoukos*, a popular traditional sweet made of grapes, almonds and flour.

VISITING

Visitors from outside Cyprus often note that Cyprus seems to be a place where most people know each other or are related. This familiarity is reflected in an air of casual and informal friendliness. Dropping in without notice is a common occurrence, although due to time pressures in the city, this is changing. Guests are expected to eat and drink freely when pressed, to avoid hurt feelings.



CARE FOR THE ELDERLY

Cypriots are typically more formal with their elders than other nationalities. Older people are referred to as Kyrie (Mr) or Kyria (Mrs), followed by their first name. This respect is mirrored in the way that Cypriot society treats their older generations. Cypriot partners tend to emphasise family relationships over and above the couple relationship. There exists a strong emphasis on providing care for the elderly in the family home. This is supported by all

generations in which a strong bond exists between grandparents and grandchildren in Cypriot communities.

END-OF-LIFE CONSIDERATIONS

Cypriots do not support cremation. Family bonding, as well as social and cultural traditions, may also play a role. The death of someone in Cypriot culture has many associated traditions.

Funerals usually happen promptly after the person has died. In the

Greek Orthodox religion, the period of mourning is 40 days, however there are several memorial days, marked on the 3rd, 9th, 40th day; 6 months and 1 year after death.

Family members may choose to wear black for the 40 day mourning period and many widows or widowers, especially older generations, will wear only black after their partner has passed.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	(changes with Christian calendar)
Greek Cypriot National Day	1 April
Labour Day	1 May
Independence Day	1 October
Okhi Day (Greek National Day)	28 October



DID YOU KNOW?

In 2004, archaeologists found the remains of a person buried with a cat in Cyprus, dating back about 9,500 years. This is the oldest known pet cat.



CZECH REPUBLIC

BACKGROUND AND DEMOGRAPHICS

Only a small number of Czechs came to Australia during the 19th century. During the economic crisis of 1930 and Nazi occupation of Bohemia, several hundred Jewish Czechs arrived in Australia.

A bigger wave of Czech migration occurred between 1947 and 1954 after Czechoslovakia became a satellite state of the Soviet Union. Over 12,000 Czechoslovakian political refugees came to Australia.

Approximately 6,000 Czechs migrated after 1968, following the Soviet occupation of Czechoslovakia.

At the 2011 Census, the major religious affiliation among Czech Republic born, were Catholic (3,253). There were also a small number of Anglican and followers of Judaism.

Czechs are traditionally linked with Western European culture and they have maintained ties with many nations throughout history which has helped shape the Czech eclectic mixture of identity and culture.

CUSTOMS

Czech Easter, known as *Velikonoce*, is a significant holiday and celebration. The significance of *Velikonoce* is Great Nights. Many Czech Easter symbols are related to spring and the beginning of new life. Czech Easter eggs are hand-painted or decorated in some fashion and are known as *kraslice*. This is the most recognisable symbol of Czech Easter. On the 30th November, St. Andrew's Day, *halushky*, which is a national pasta dish, is traditionally cooked. Baked goods are prepared over many evenings during December.

FOOD

Czech food differs by region, but generally includes soups, stewed and boiled vegetables, stewed fruits, smoked meats, particularly sausages, roasted meats, gruels and dairy dishes.

Czech cuisine is heavily meat based and dumplings or *knedliky* are the most common side dish. There are two types of dumplings: bread or potato dumplings, made of either wheat or potato flour.

There are also sweet versions of dumplings filled with strawberries, blueberries, apricot or plums and served with chocolate or sweet cottage cheese. Spicy foods are not generally popular.

Traditionally, five meals are eaten each day: early in the morning upon rising, a snack at about ten in the morning, the main meal of the day at noon, known as *obed*, another snack around four in the afternoon

and supper in the evening after all activities are finished for the day. Tea with sugar is the most popular hot beverage. Bread is served with every meal and hot soup is expected as the first course at the main noon meal. Meat dishes are also served. The evening meal is usually light and may include bread, cheese and vegetables.

VISITING

Czechs consider the home to be private. Friends visit quite frequently for small talk over coffee and drinks. Most first-time visitors are invited for a more formal coffee visit to get to know one another. An invitation for guests to share a meal at home is usually formal. Invited guests usually bring flowers to the hostess. Out of respect for the hostess, most Czechs remove their shoes before entering the house and leave them in the hall entrance. It is an honour to be invited to a home for a meal.

Czech people maintain eye contact while conversing. Avoiding eye contact is considered disrespectful. Conversations are usually emphasised with hand gestures. Czechs often beckon and point with their index finger.

CARE FOR THE ELDERLY

The Czech elderly do not readily accept being admitted into residential care. This option is considered only as a last resort.

It is expected that family will care for parents. Generational conflict can be experienced when children are unable to meet this expectation.

END-OF-LIFE CARE CONSIDERATIONS

Hospitalisation, although feared, is an acceptable form of care. Respecting the needs for privacy is an important factor to be considered. The clear description of illness, the probable outcome and treatment is appreciated.

There is a lack of understanding of palliative care practices among the Czech community and reluctance to accept palliative care for pain management in the early stages of terminal disease, as this is perceived as acceptance of imminent death.

In the Czech community, the tradition of non-disclosure of a terminal diagnosis to the sick person is commonly accepted, end-of-life issues can be challenging to discuss for family and patients. Family will generally try to protect the sick by not disclosing the true nature of their illness. It is very important to be culturally sensitive while informing Czech patients of a terminal diagnosis.

Funeral customs are determined by the Church and the wishes of the family. Funeral rituals depend on the religion of the individual with most being from Catholic religion.

It is important to ascertain from the family the religious practices that the dying person wishes to follow. Most Czechs have a stoic acceptance of death as part of the life process. Family and friends stay with a dying person, showing a strong sense of loyalty and respect for their loved ones. Cremation is accepted among the Czech community. Following the funeral, family and friends are invited to the deceased person's home to mourn and fondly remember the deceased. Visits to cemeteries are very important to older people. Graves of loved ones are visited for years, particularly on All Souls' Day, when a bunch of chrysanthemums is placed at the grave site.

KEY EVENTS

National Liberation Day	8 May
Cyril & Methodius Day	5 July
Jan Hus Day	6 July
Founding of the Republic	28 October



DID YOU KNOW?

The Czechs' national passion is mushroom hunting. They are very serious about it and are quite competitive in finding these fungi. Thousands of Czech nationals gather yearly during the St. Václav Day, which happens during the weekend that is nearest to September 28, to head to the forest and participate in mushroom hunting.





EGYPT

BACKGROUND AND DEMOGRAPHICS

According to the 2011 Census, 36,532 Australian residents declared that they were born in Egypt. This represents an increase of some 5,000 people from the previous census. Egyptian Australians might also have nominated themselves as being of Coptic ancestry. Additionally, the 2006 Census shows that the majority of Egypt-born Australian residents are located in Sydney (16,238) or Melbourne (11,156), with smaller communities located in Perth (1,407), Adelaide (982) and Brisbane (897).

Immigration from Egypt was significant in the late 1940s and 1950s, with minorities escaping the growing Arab nationalist movement which saw the overthrow of the Egyptian monarchy and the subsequent Suez Crisis. During this period around 2,000 Egyptian Jews also left Egypt.

Over 90% of all Egyptians belong to the Sunni branch of Islam. Islamic philosophy is deeply rooted in the minds, hearts and behaviour of the people. Islamic scripture, the Qurán (Koran), is considered the final and complete word of Allah. Muslims accept and revere all major Judeo-Christian prophets from Adam to Jesus, but they proclaim Mohammed to be the last and greatest.

The Islamic day of worship is Friday, a day for men to pray at the mosque. Women pray at home or in a separate part of the mosque. Muslims pray five times daily, always facing Makkah (Mecca) in Saudi Arabia.

CUSTOMS

Warmth in personal relations is important to Egyptians and greetings are often elaborate. Social structures play a key role in society. Phrases used for greetings depend largely on differences

between the individual's social classes. Generally, friends of the same sex shake hands and kiss on both cheeks. If the greeting comes after a long absence, the kisses may be repeated more than once and can even end with a kiss to the forehead. Men greet women with a handshake only if the woman extends her hand first. Otherwise, the greeting is verbal.

First names are not used unless one is invited to do so. Good friends exchange first names in informal settings, but they may add a title to the first name in formal settings. To thank someone for a compliment, one responds with an equally respectful compliment on the same subject or wishes Allah's (God's) blessings.

Egyptians are expressive and emotional and are well known for their marvellous sense of humour. This has helped them endure difficult economic and living conditions with great composure.

Part of Egyptian humour is a love for riddles (especially during the month of Ramadan), jokes, sarcasm and wordplays. Egyptians often identify with community groups, to the point that personal needs become secondary to those of the group.

The majority of Egyptian-Australians are Copts, with 19,928 Australian residents declaring membership of the Coptic Orthodox Church.

Congregations of the Coptic Orthodox Church in Australia are served by two Coptic Orthodox Dioceses with over 50 parishes, 2 monasteries, 2 theological colleges and 5 schools. The Coptic Church is a member of National Council of Churches in Australia.

FOOD

Egyptians eat rice, bread, fish, lamb, chicken, turkey and stuffed vegetables. Tahina (sesame seed paste), tomatoes, yogurt and

cucumbers are also eaten with meals. Muslims do not eat pork or pork products, such as ham, bacon, or food which contain ingredients like pork fat as the Qurán prohibits their consumption. All other meat is allowed, but only if it is halal.

Traditional foods include fava beans prepared as fowl or *ta'miyya*, and flat Egyptian bread. Bread, usually unleavened, is eaten with every meal. The Qurán also prohibits the consumption of alcohol. Dairy products are acceptable provided that only halal animal rennet is used.

During the month of Ramadan fasting is undertaken from sunrise to sunset, with nothing to eat and drink. Egyptians prepare elaborate and expensive meals when they have guests. Sometimes a person will not eat everything on the plate because leftover food is a symbol of abundance and a compliment to the host for providing so well.

In restaurants, food is left as a sign of wealth (one can afford to leave food behind). Finger food is eaten with the right hand.

VISITING

Because personal relationships with friends and relatives are so vital, visiting is one of the most important activities in Egypt.

If a gift is given, it is passed and received with both hands or only the right hand, not the left. Alcohol is prohibited by the Islamic religion, so it is not given as a gift to Muslims. Business visits usually begin with light conversation over coffee or tea to establish trust and confidence.

CARE FOR THE ELDERLY

Egyptians tend to combine the modern health system with traditional practices such as herbal remedies and usually seek help from an Arabic speaking practitioner. Women may prefer to be treated by a female health practitioner. Elders are highly respected by the Egyptian community and their extended family. There is a strong family involvement in looking after older people and Egyptians expect their families to look after them.

There is often a reluctance to enter into residential aged care as it is a new concept for many Arabs, including Egyptians. It is often seen as a place where one goes to die. The family must be consulted in all aspects of health care and the needs of the elderly person. A preference is made when seeking external care for Arabic based residential facilities with Arabic speaking staff.

Many Egyptians resist the services of residential aged care as they are of the opinion that their culture may be misunderstood. Health interventions such as insulin are not able to be used as they are made from pork products. Alcohol is expressly forbidden even when used for medicinal purposes.

END-OF-LIFE CONSIDERATIONS

When a Muslim is near death, those around him or her are called upon to give comfort and reminders of God's mercy and forgiveness. They may recite verses from the Qurán, give physical comfort, and encourage the dying one to recite words of remembrance and prayer. Upon death, those with the deceased are encouraged to remain calm, pray for the departed and begin preparations for burial.

The eyes of the deceased should be closed and the body covered temporarily with a clean sheet. It is forbidden for those in mourning to excessively wail and scream. Once a Muslim dies, the body should be prepared for burial by a person of the same gender. Preparations for burial include, washing the corpse with clean scented water, perfuming and shrouding. The funeral prayer is then performed and the deceased is taken to the cemetery.

While all members of the community attend the funeral prayers, only the men of the community accompany the body to the gravesite. Muslims strive to bury the deceased as soon as possible after death and the deceased is buried in a graveyard without a casket, simply laid in the earth and covered lying on its right side, and facing Makkah (Mecca). The official mourning period is three days where people stay at home receiving visitors and condolences. The mourning period differs, but is usually on the 7th and 40th days and 1 year after death, the deceased are remembered. Additionally, alms are given to the poor and women wear black for a year or more.

KEY EVENTS

Islamic New Year	25 December
Ramadan	Varies
Bairan Feast	end of Ramadam
Labour Day	1 May
Wafa'a el nil	Varies



DID YOU KNOW?

The oldest dress in the world comes from Egypt. It is 5,000 years old.



FIJI

BACKGROUND AND DEMOGRAPHICS

The foundations of a multiracial Fiji were laid in the late 19th century. The first colonial governor of Fiji, Sir Arthur Gordon, introduced Indian indentured labourers to work on Australian-owned sugar cane plantations. Gordon prohibited indigenous Fijians from commercial employment so that they could enjoy their traditional lifestyle undisrupted by contact with outside forces. This was done to escape the fate that befell other indigenous communities that came into contact with the outside world.

Between 1879 and 1916, 60,000 Indian labourers went to Fiji, and their work helped create the foundations of Fiji's sugar-based economy. Most of the migrants chose to remain on the islands after the expiration of their five-year contracts. Their descendants constitute the bulk of the present Indo-Fijian population, the rest

being descendants of Gujarati traders and Punjabi agriculturalists who arrived in the 1920s. Once the indentured labour system was abolished in Fiji in 1920, Indo-Fijians settled in the sugar cane belts of Fiji, principally on the two main islands of Viti Levu and Vanua Levu. By the end of World War II, Indo-Fijians outnumbered the indigenous Fijians. This trend, which was not reversed until the 1980s, caused concern among indigenous Fijians about their place and identity in their own ancestral land.

Fijian-born people have been in Australia since the late 1800s. By the mid-1950s there were over 2,000 Fijian-born people in Australia. Fijian migration to Australia became significant in the late 1960s. The Fijians were attracted to Australia by the prospect of better employment, higher wages and improved welfare services. Migration accelerated in the post-independence decade

of the 1970s and by 1986 there were 14,749 Fijian-born people in Australia. Following the military coups and political unrest in Fiji in 1987, Australia received an influx of Fijian Indians seeking refugee asylum. By 1991 the Fijian-born population in Australia had increased to 30,149.

The Fijian born are comprised of several ethnic groups, Fijian, Chinese, Indian, European, Rotuman and others, all of whom are part of the migration stream to Australia. Most Fijians in Australia are of Fijian-Indian ethnicity. About 53% of Fijians in Australia are Christians (mainly Methodists), 38% are Hindus and 8% are Muslims.

Almost all Fijians are proficient in English. Many Fijian Indians speak Hindi or other Indian languages at home. Over 80% of Fijians in Australia are under fifty years of age. Fijians retain strong social and economic ties with their relatives in Fiji.

CUSTOMS

Freedom of religion is guaranteed by the constitution. Religion plays a major role in the lives of all Fijians.

Among Fijians, tilting the head downwards while speaking to someone shows respect. Agreement is indicated by raising the eyebrows, closing the mouth and making an “mm-mm” sound. It is considered rude to point directly at someone while speaking to them. Standing with hands on hips is thought to be aggressive or brash. It is considered impolite to point to the underside of one’s foot at another person. Among Fijians, it is especially offensive to touch someone’s head (except for a child’s). Beckoning is done by waving all fingers of the hand with the palm facing down. Staring is seen to be offensive.

Traditionally, neither Fijians nor Fijian Indians used eating utensils, but spoons and forks are becoming

more common in urban areas. At meal times, it is customary to spread a cloth on a mat-covered floor and sit cross-legged. Prayer is also conducted prior to eating. A bowl of water is passed around for washing hands. Food is generally eaten from tin plates and bowls. The water bowl is again passed after the meal.

Women and girls usually eat following the men and boys. Food is shared in Fijian villages. For large feasts and special meals, food is still cooked in the traditional manner in a *lovo* (ground oven).

FOOD

The mainstays of the Fijian diet are boiled taro and cassava, these are starchy roots that can be grown in the family garden. This is accompanied with some leafy vegetables and many tropical fruit such as papayas, mangoes, pineapples and bananas. Many dishes are prepared in *lolo* (coconut milk). Seafood, chicken, pork and beef are all eaten in Fiji. Foods are rarely deep fried, but are steamed, boiled, or roasted instead.

Indian cuisine is often made with curry and is spicy. Roti is a daily Indian staple.

VISITING

Visiting is an important part of social relations. Most visiting is done unannounced and guests are welcome. It is customary to remove one's shoes when entering a home. Sitting cross-legged on a mat-covered floor is common in a Fijian home, but Indian homes have furniture. A chief or guest sits in a place of honour. It is impolite to stand higher than those who are sitting, so one takes care to also be seated or to walk in a stooped position when others are seated. The people of Fiji are hospitable; they enjoy sharing a visitor's company and visits may last a long time. Refreshments are nearly always offered, including tea, juice, or food. It is impolite to refuse them.

CARE FOR THE ELDERLY

Older people are respected for their wisdom. They are viewed as authoritative figures. Looking after ones' parents is considered *punya*, or earning merit in the afterlife. There is also a belief in the need for interaction with the elderly to transmit traditional values such as sharing, caring and patience for the younger generation.

Old age is regarded as a period of 'rightful dependency' with the

support of the extended family and, in particular, adult sons. The elderly remain active, with suitable activities for their age. Advancing age often involves a movement toward greater spirituality and religious involvement and less household obligations.

Generally speaking for an aged Fijian born person who practices traditional customs, it would be appropriate for their son or daughter, or other older close relative to talk to them about illness and health care. This 'buffering' of the impact of the news is very important, both to the person and to their family. Placing relatives in aged care facilities is rare for Fijians, although Indo-Fijians do reside in nursing homes in Fiji. Traditionally older Fijians are cared for by their extended family and to place a Fijian into care would isolate them and may result in them pining away.

END-OF-LIFE CONSIDERATIONS

It is important for the family to decide decision how the deceased's body should be prepared. Traditionally, the family would dress and prepare the body. Certain family members are tasked to dress and prepare deceased relatives. Traditionally, Fijian-born people do not cremate their loved ones.

However, funeral practice for Fiji Indian Hindus is cremation.

There are very strong traditions associated with the handling of the deceased depending on which religion the person identified with.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Constitution Day	7 September
Diwali	October to November (varies year to year)
Milad un nabi	varies year to year



DID YOU KNOW?

The most precious gift to give at funerals, marriages and important rituals or holidays is sperm whale teeth. Presenting sperm whale teeth to another is always preceded by a lengthy, formal speech about the occasion and the people involved.



FINLAND

BACKGROUND AND DEMOGRAPHICS

The first Finn ever to visit Australia or New Zealand was Herman Dietrich Spöring who was born in Turku. He was a draughtsman and a scientist in Captain James Cook's fleet, when he arrived in Australia in 1770. Spöring's drawings from the voyage are held in the British Museum, London. In Canberra, there is a street named after this adventurous Finn.

The first group of Finnish immigrants who arrived in Australia came to work in the gold mines of Victoria and NSW in the 1850s. A larger wave of immigration occurred in the 1920s. Australia was to become the second most important Finnish immigrant destination, after Canada. Many Finnish immigrants began arriving in Australia between 1947 and 1971.

In the mid-1950s an economic crisis occurred in Finland, causing a new wave of Finnish immigration

to Australia. By the end of the 1950s, approximately 5,000 Finns had moved to Australia. Immigration was also made easier by travel allowances given by the Australia Government. The Finns, accustomed to heavy physical work, were particularly lured by the incomes from sugar cane fields and mining in Mount Isa in North Queensland. As a result, Mount Isa has one of the largest Finnish communities in Australia. When the Finns first arrived in Australia, they were taken to migrant camps. Once in the camp, they were given free room and board until the head of the family was assigned his first job.

In the last three decades, Finnish immigration has decreased significantly. Today there are approximately 30,000 people who claim Finnish ancestry living in Australia. Approximately 4,000 of them have maintained their Finnish citizenship. The Finns are found mostly living in Brisbane, Melbourne, Sydney and Canberra.

CUSTOMS

The Finns are known for their active societies. Finnish societies are coordinated by the Australasian Federation of Finnish Societies. Up to the end of the 19th Century, every Finn was obliged to belong to either the Lutheran or the Orthodox Church.

The Finnish Government has an official policy of religious neutrality. However, about 89% of Finns belong to the Evangelical Lutheran Church of Finland. Other Christian groups include the Finnish Orthodox Church, and 9% of the population is not affiliated with any religion.

In Australia, there are a number of Pentecostals. Finns adopt a high ideal of loyalty and reliability, honouring their promises and agreements. People are generally reserved, and value punctuality. They are proud of their cultural heritage, especially in light of their

national identity having survived centuries of foreign domination. In 1917, Finland was finally declared an independent Republic. Finns are also proud of their clean natural environment.

FOOD

Finnish cuisine has been influenced by many cultures, from French to Russian. It also maintains a variety of Finnish specialities. These are based on seafood, wild game and vegetables. Traditionally, the Finnish diet includes potatoes, vegetables, milk products, berries, grains and wholemeal products such as dark rye bread. Herrings feature in various sauces and sausages and salmon are regularly eaten.

The smorgasbord or Finnish buffet is called *poronkaristys*. Open-faced sandwiches on rye bread are often eaten for breakfast and snacks. Milk and coffee are the most popular drinks. Pastries are plentiful. A sweetbread called *pulla*

comes in many forms, flavoured with cardamon. *Makkara*, which is a sausage, is often roasted over a fire or sauna heater.

Milk is prominent in the diet as a beverage and is the basic ingredient in a variety of curdled, soured and cultured foods. It is also found in broths used for soups, stews and puddings; and in regional specialty dishes such *juustoleipä* or cheese bread.

VISITING

As the Finns respect privacy very highly, an invitation to the home is an invitation to friendship. It is a meaningful gesture. Visitors are expected to be punctual and they normally take flowers, wine or chocolates to the hosts. A visitor will be served coffee, cakes and cookies.

On formal occasions, guests wait until the host has taken the first sip before drinking. On special occasions, a guest may be invited to share a sauna. This is a particular pastime originated and enjoyed by Finns. In fact, a good way to engage a Finn in lively discussion is to ask about the benefits of a sauna!

CARE FOR THE ELDERLY

Finnish people are keen on healthy life-style options for improving their quality of life and longevity. They want to know more about healthy eating, suitable physical exercise, and good sleeping habits and generally how to adopt a healthy lifestyle. Finnish society usually regards older people and their care as important and younger family members look after older loved ones, if possible. Today, Finnish people accept aged care services and see them as an essential part of supporting healthy ageing. However, many people from Finnish backgrounds try to manage by themselves for as long as possible. They do not want to be a burden to anyone, not even to their own family members.

Finnish people talk about their illnesses openly with their family members and friends, but might not be willing to share their worries and concerns about their health with a person they do not know. Options in palliative care are not yet well known among Finnish people; however, when this stage of life is reached they are then keen to know more about alternative medicines even though they may initially show resistance.

END-OF-LIFE CONSIDERATIONS

Some Finnish people will want a Pastor to visit them before they die. This usually occurs beforehand so that the person can still speak and communicate with the Pastor.

Living and dying form a close unity in traditional Finnish beliefs, and death is viewed largely as transferring to a different place. The complex rituals accompanying death are usually organised by women, who arrange the wake, wash and shroud the body, and sometimes sing laments to send the deceased, along with food and implements, to the place of the family ancestors.

A table with a photo of the person who has died, two candles and flowers are usually on display at the funeral. Afterwards, coffee with cakes and slices are served, and sometimes speeches are made and a few hymns or even folk songs are sung. Mourners are neatly dressed, mainly in dark colours. Memorial feasts are held 6 weeks, and 1 year, after death. Those who have passed on to the realm of the dead known as *Manala* or *Tuonela* remain a profound moral force among their living descendants. Days set aside for commemorating the dead eventually were adapted to a Christian calendar under Catholic and Russian Orthodox influence.

KEY EVENTS

Christmas Eve	24 December
Christmas Day	25 December
Boxing Day	26 December
New Year	1 January
Easter	Varies
Vappu Labour Day	Varies
Independence Day	6 December



DID YOU KNOW?

The Finns are the world's biggest coffee drinkers, drinking no less than the equivalent of 12 kg of coffee beans annually, twice more than the Italians, three times more than the Americans, and four times more than the Brits.

GERMANY

BACKGROUND AND DEMOGRAPHICS

In 1838, 517 Lutherans, pursuing religious freedom, were the first significant group of German migrants to Australia. The first Germans considered themselves Australia's founding pioneers together with British settlers.

From the 1850s German settlers escaping the rising nationalist sentiment in Germany began arriving in the Australian colonies looking to start a new life. Around 10,000 German settlers arrived in this era. Port Adelaide was the point of arrival for the majority of German settlers.

The Germans moved onto Western Australia, the Barossa Valley, the Riverina and South East Queensland where they found the regions suitable for wheat and dairy farming, the planting of vineyards and wine-making. They formed close communities transforming the dry marginal environment into

good farming land. The German Australians maintained strong cultural ties with their German heritage up until World War I.

During World War I, German-speaking people in Australia were treated as enemy subjects and were interned. In New South Wales, the three main internment camps were at Trial Bay Gaol, Berrima Gaol and Holsworthy Army Barracks. Germans lost their jobs or had their businesses destroyed. German schools and churches in Australia were closed, German music and food was banned and Germanic place names were changed to British. Hundreds of Germans were deported and migration from Germany did not resume until 1925.

During World War II, German settlers were interned in Australian camps again. More than 2000 Jewish refugees from Germany were also interned for short periods. The two wars had a big impact on the number of Germans

in Australia, with their numbers falling to 15,000 (Census 1947).

Australia's post-war immigration program, which was founded on settling Europe's displaced persons, saw the German-born population increase again to 109,315 by the 1961 Census, peaking at 112,000 in 1991. The Census in 2011 recorded 108,003 German-born people in Australia.

CUSTOMS

The two main Christian denominations in the German speaking community are Lutheran and Catholic. At the 2011 Census, the major religious affiliations among German born were Catholic (30,478) and Lutheran (26,230).

Many traditions that Australians consider to be typical for Australians originated from places which are now modern Germany and Austria.

Easter traditions are deeply rooted in German culture. The annual Oktoberfest originates in Munich and is celebrated by many German associations and clubs in Australia. The custom of the Christmas tree developed in early modern Germany, known as *Weihnachtsbaum* or *Christbaum*, when Christian predecessors that can be traced back to the 16th century brought decorated trees into their homes.

Shiny glass balls and tinsel as ornaments for Christmas trees are also of German cultural roots. The first blown-glass balls in the shapes of nuts and fruits were produced in 1847.

FOOD

DasFrühstück, or breakfast, traditionally includes several butterbrots or slices of bread with spreads, cheese, sausage meats accompanied with a strong cup of coffee.

Lunch is traditionally a hot meal in the middle of the day. In Australia, due to our warm climate it has been replaced with sandwiches with cold meats.

Dinner is the main meal of the day, usually eaten at home with the family in the evening. Traditionally, the German dinner called *Abendbrot*, meaning evening bread, consists of a selection of whole grain bread, deli meats and sausages, cheese and a cold or warm drink.

Pork, beef and poultry dishes are favourite main courses for Germans. Pork is the most popular as well as duck, goose, turkey and chicken. Game meats, include boar, rabbit and venison are also eaten. Lamb is not as popular. Schnitzel is particularly popular and can be made from chicken, veal or pork. Herring, mackerel, salmon and sardines or freshwater fish like trout, salmon, bream and carp are popular.

A long tradition of sausage making exists in Germany, including more than 1500 different types of sausage known as *Wurst*. Sides will include boiled or pan-fried potatoes, sauerkraut (pickled cabbage), green beans, cucumber salad with a sugar and vinegar dressing, alongside a green salad.

VISITING

Punctuality is appreciated, but it is not an insult for guests to arrive a few minutes late. Dinner guests often bring an odd number of flowers such as yellow roses or tea roses to the hosts. Guests usually stand when the host enters the room and remain standing until offered a seat again. It is also courteous to stand when a woman enters the room. Spontaneous visits, even between neighbours, are not very common. Arrangements are usually made in advance.

CARE FOR THE ELDERLY

Elderly German speaking people prefer to stay in their own homes for as long as possible. They highly value their independence.

In German communities, there may be some concept present for planning ahead and consideration of different options as people age. However, most are reluctant to enter aged care facilities. Some would rather pay for care services or depend on assistance and support of family members.

END-OF-LIFE CONSIDERATIONS

German speaking nations are among the leaders in the development of both Western biomedicine and national health insurance. When it comes to the end-of-life care, prescribed medication is accepted, homeopathy or naturopathy remedies may be used as alternatives to reduce suffering. As mentioned, almost 70% of Germans have an affiliation with Christian churches, and many of these share common Christian beliefs in *Himmel* or heaven, and *Hölle* or hell, as destinations of the soul after death.

Funerary rites involve either a church service or a civil ceremony, depending on the beliefs of the deceased and their survivors. Embalming is almost always mandatory.

It is common for friends and neighbours to dress the deceased before they go to the funeral home. Funerals take place between Monday and Friday and it is traditional to wear black. Cremation is not as common although it has become more popular in recent times, partly due to cost.

KEY EVENTS

Christmas Day (Weihnachtstag)	25 December
New Year's Day (Neujahrstag)	1 January
Easter	Varies
Labour Day (Tag der Arbeit)	1 May
German Unity Day (Tag der Deutschen Einheit)	3 October
Oktoberfest	September to October



DID YOU KNOW?

German law bans baby names that do not denote a gender or use a family name as a first name. In 2014, the most popular children's names were Sofie for a girl and Maximilian for a boy.



GREECE

BACKGROUND AND DEMOGRAPHICS

Greek immigration to Australia began in the early colonial period of the 19th century. The first known Greeks arrived in 1829 and then many immigrated during the gold rush of the 1850s. Many Greeks were among the sailors who left their English ships in Australian waters when they heard the discovery of gold. Many intended to return home as rich men, so few women came to join them. After the gold declined, those who stayed found work in restaurants, cafés and shops. The community began to consolidate through chain migration, relatives and townspeople joining Greek settlers who were already here.

In 1901, the year of Federation, the Australian Census recorded 878 Greek-born people. The Greek language press in Australia began in 1913 with the launch of the first Greek weekly newspaper, *Australis*.

In the 1920s a quota system limited the number of non-British immigrants to Australia, including Greeks, and between 1925 and 1929 only 100 Greeks were allowed to immigrate each month.

Post-World War II, and during the civil war in Greece that followed, over 160,000 Greeks came to Australia, mostly settling in Victoria. Initially, the majority found work in factories or farms as unskilled or semi-skilled labours, even educated migrants had to settle for manual work. Community groups, churches, welfare agencies, newspapers and schools gradually developed and eventually the population of Melbourne became one of the largest Greek settlements in the world, outside of Greece. The majority of Greek migrants arrived between World War II and the 1960s, with immigration declining in the 1970s.

CUSTOMS

Members of the Greek community are predominantly Greek Orthodox and at the 2011 Census, the major religious affiliation among Greek born was Eastern Orthodox (93,346). Although other religions are also represented, they are in much smaller numbers. Greek Australian society retains elements of their homeland traditions.

Religion is a stronger influence with older Greeks than with the younger generation. Icons are significant religious symbols in Orthodox Christianity. Orthodox Christians pay honour and respect to the person or the event depicted on the icon and usually have them in their homes.

FOOD

Greek cuisine is a combination of primarily Mediterranean food, with some influences of Middle Eastern dishes.

Contemporary Greek cookery makes wide use of olive oil, vegetables, herbs, grains, bread, wine, fish and various meats, including lamb, poultry, rabbit and pork. Also important are olives, cheese, eggplant, zucchini and yoghurt. Greek desserts are characterised by the dominant use of nuts and honey. Some dishes use filo pastry.

Yoghurts and dips are served with bread loaves or pita bread. Soups, vegetarian dishes, meat and seafood dishes are also integrated into a cultural and seasonal calendar, following important religious dates and fasting periods during the year.

Fasting is an essential part of the Orthodox religion which means abstinence from meats, oil and dairy products. It is customary to fast 40 days prior to midnight on Easter Saturday. For an Orthodox Christian this symbolises their journey with Christ until his

crucifixion and resurrection, where they celebrate and break their fast.

During Lent, Greek people spring clean their homes and properties in preparation for the Holy Week. At national celebrations, traditional costumes may be worn.

VISITING

It is very common for friends and relatives to drop by unannounced in small towns. This happens less often in large cities, but only because schedules are more hectic. Greeks enjoy having friends to their homes for dinner or for special occasions. If a Greek host insists on something several times, such as staying for longer or eating more they usually mean it and guests try to accommodate them so as not to hurt their feelings.

CARE FOR THE ELDERLY

Traditionally, children and family members care for the sick or elderly and they often live with or reside in close proximity to extended family. As a consequence of migration, Greek families in Australia generally do not live together as extended family units, as was the case in Greece.

Many elderly live alone in their own homes and do so for as long

as possible. There is a fear and resistance of being placed in an aged care facility and this doesn't usually occur until much later in life when their needs are high.

Greek elders have a high status in the family and community and are treated with respect. Grandparents often play an important role in caring for their grandchildren.

END-OF-LIFE CONSIDERATIONS

In cases of terminal illness, there is a tendency to avoid telling the ill person that they are dying. The perception being that this will hasten death. Palliative care as a concept is not well understood by many older Greek Australians and can result in confusion as to eligibility, who provides the service and what is provided. Generally the family and the patient would want death to occur in one's home. Greek Australians tend to seek Greek doctors who understand their language and culture.

The role of the parish priest is integrated during the period of illness. Where death is imminent, Greek tradition calls for the attendance of a priest to offer the last sacraments. This includes communion and confession. In addition to tending to the dying, the priest will provide an

invaluable comfort to the family in this distressing time. Following a death, a *kandili*, a religious burner comprising oil, water and a floating wick, must remain lit for 40 days, next to an icon and a photo of the deceased until the soul leaves this world.

Immediately after the person has died, one of the most important rituals is then conducted for the first time, this is known as the Trisagion. This will be performed before the funeral, at the church or graveside after the funeral service, and repeated on the 3rd, 9th and 40th day after death, and on the 6th month and one-year anniversaries. A feature of Greek culture is wearing black during mourning.

KEY EVENTS

Christmas	25 December
New Year	1 January
Independence Day	25 March
Orthodox Easter	Varies
Labour Day	1 May



DID YOU KNOW?

In the 1950s, only about 30% of Greek adults could read and write. Now, the literacy rate is more than 95%.

CASE STUDY

MR ADAMIDIS

Mr Adamidis was a 75-year-old retired carpenter who suffered from leukaemia for two years. He had a very supportive family. He lived with his wife, who did all of the cooking. His four children visited them often and helped with the shopping, washing and heavy housework. The children also provided financial support for Mr Adamidis's medical treatment. Mr Adamidis received regular chemotherapy since he was diagnosed with leukaemia.

As he lived close to the hospital, he walked to the hospital admission every time over two years to receive regular medical treatments in the haematological department.

Mr Adamidis was a very kind man and treated staff and ward patients politely and with a sense of humour. He always said that he came to the hospital in the hope of obtaining

a smooth blood flow and gaining more nutrition from injections. The truth was that he did not know his real diagnosis. His family withheld medical care information from Mr Adamidis and liaised directly with health care providers for any of his treatments as they believed leukaemia was incurable and terminal.

Mr Adamidis died suddenly after reading the laboratory results of his blood test and realising what he was suffering from on the second day of his admission. This accident was caused by laboratory staff sending a test result to the patient directly. The test results showed that his disease was under control and the medical treatment was satisfactory. A possible reason for his death may be because he could not accept the reality of his diagnosis and had a large shock.

EXERCISE

1. If Mr Adamidis had prior knowledge of his diagnosis, do you think he would have had a better quality rather than not knowing his diagnosis?

2. Did his family have the right to withhold the information from him?

3. Was a Power of Attorney required from Mr Adamidis's family?

4. Do we need to consider different cultural perspectives in palliative care?

5. Do the patient's rights override the family members' rights?



HUNGARY

BACKGROUND AND DEMOGRAPHICS

The first known Hungarian migrants arrived in Australia after the Hungarian Revolution of 1848. In the 1930s, a second wave of migration brought Hungarians who were mostly Jewish intellectuals and businessmen to Australia, escaping Nazi oppression.

Some Hungarian Jewish Holocaust survivors arrived between 1945 and 1947, as well as some anti-Communists who foresaw the likelihood of Hungary being occupied by Soviet troops.

In the next five years, many thousands fled to the West and spent some time in Displaced Persons Camps before migrating. About 17,000 Hungarians arrived in Australia as a result of this process. The last significant group to migrate included people fleeing the aftermath of the Hungarian Uprising of 1956. While the earlier waves of Hungarian migration had included

many people from rural or village backgrounds, refugees that arrived after 1956 included a considerable proportion of tradesmen and factory workers, many of them being quite young.

Some 22% of people living in Australia of Hungarian ancestry were born in countries neighbouring Hungary, mostly from former Yugoslavia, Romania, Austria, Germany, and Croatia.

The 2011 Census recorded 19,092 Hungarian-born people in Australia. At this time the major religious affiliations among Hungary-born were Catholic (10,424), Judaism (1,351) and Presbyterian and Reformed (1,070).

CUSTOMS

Hungarian traditions are linked with religious festivities, family events and celebrations of the nation's historical events. They are influenced by Western European,

especially Austro-Germanic cultural trends, Catholicism and strong Hungarian folkloric elements. The dominant religion of their country changed several times under different rulers. Therefore, Hungarians are known for their religious tolerance. Many Hungarians do not formally belong to or regularly practice any form of religion; however, baptisms, weddings, and funerals tie them informally to churches.

Hungarians, like people in other primarily Catholic countries, tend to celebrate the feast day of the saint for whom they are named. Name days are widely known and celebrated and each acceptable first name is assigned to one or more days of the calendar, based on religious traditions, historical events or a birthday of a famous person who has shared the same first name.

Some Hungarian households have sacred corners which are

decorated with pictures of various saint and statuettes brought back from Catholic pilgrimages. Popular pilgrimages may be to the city of *Eszterom*, where Saint Stephan was born, or Eger, the place of the first Benedictine Orders.

FOOD

Traditional Hungarian cuisine relies on high quality ingredients, meats, sausages, seasonal vegetables, fruits, honey, garlic and paprika. Hungarians generally do not eat fish.

Hungarian cuisine is spicy and influenced by the availability of locally grown agricultural products. The most famous dish is Hungarian goulash. Bread is a staple food, eaten at breakfast, lunch and dinner. Common ingredients in Hungarian cooking are paprika, lard, butter, eggs, vinegar, pickled foods, apricots, prunes, poppy seeds, sour cream, walnuts, hazelnuts, smoked bacon, cabbage,

tomatoes, potatoes, pork, beef and garlic. Paprika is used in many Hungarian foods and more traditional recipes, with varying levels of spice and heat. Dumpling and pastries are also very popular.

VISITING

While close friends, relatives and sometimes neighbours may make short unannounced visits, most are arranged in advance where possible. First time visits by acquaintances are usually short. Hungarians enjoy socialising in the home but also frequently meet at restaurants, coffee houses and tea rooms.

CARE FOR THE ELDERLY

Hungarians are very reluctant to access community and residential care services. Traditionally it is the moral obligation of children to care for elderly parents at home. Unrealistic care expectations often result in intergenerational conflicts. There is a cultural expectation of wives and daughters to be caregivers.

Couples can rely on each other for support, which places a great deal of stress on elderly carers. Respite care is accessed very rarely. In many cases, carers who would accept respite or other support services

are not able to due to resistance by the person they care for. Carers are also reluctant to use residential respite to have a break because it is perceived by family, friends and community as neglecting their elderly.

END-OF-LIFE CONSIDERATIONS

The Western model of healthcare is generally well accepted by Hungarian people. However, in the case of terminal illness, Hungarians are reluctant to accept palliative care, as this is perceived as a sign of imminent death.

It is traditionally expected that the diagnosis of a terminal illness is communicated to the family rather than to the person concerned. Hungarians believe that openly telling a patient they have a terminal illness may negatively affect their attitude to treatment and cause a loss of will to live

Generally, Hungarians expect that medications are the most effective form of treatment. The administration of morphine, as part of pain management, is seen as a sign of an inevitable end. It is often deferred to the very end of the treatment process.

Hungarian people believe it is important for relatives to be with

a person who is dying to provide emotional and spiritual support to them and their family.

Family and friends prefer staying with the dying person and a priest is usually called to administer the Last Rites. In addition, traditional in-ground burials and cremations, with special places for the placement of funeral urns, has been widely practiced by Hungarians. Dark clothes are worn traditionally at funerals to indicate mourning.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	(changes with Christian calendar)
Labour Day	1 May



DID YOU KNOW?

Hungarian language is known as Magyar and is the direct descendent of the language spoken by the Huns. It is not an Indo-European language and has only two related languages in Europe (Finnish and Estonian).



INDIA

BACKGROUND AND DEMOGRAPHICS

In the early 19th century, a small number of Indians arrived in Australia as convicts transported by the British Colonial Government in India. Others arrived as labourers or domestic servants with British subjects who had been living in India. A few Indians came to live and work in Australia under the indentured labour system in the 1830s but returned to India after the completion of their contracts. Others came as camel drivers and some as itinerant merchants or hawkers (street vendors).

Some found their way to the Victorian and NSW goldfields. In 1846 a group of 50 men, eight women and three children arrived in Sydney. Generally, there were very few women or children among the 19th century immigrants. Many men travelled back and forth to their original homelands with some returning permanently. In the 1890s, nearly 250 workers

from Punjab were working in the sugar cane fields in Queensland. Others worked clearing bushland and establishing pastures for sheep and cattle. Later, some migrants moved to the NSW North Coast to establish farming communities and build Australia's first purpose-built Sikh temple in Woolgoolga, near Coffs Harbour. At the beginning of the 20th century, there were around 7,000 Indians living in Australia.

The White Australia policy was introduced in 1901, restricting further Indian immigration, except for Indian Anglo-Celtic colonials. The Indian population remained the same until after the end of World War II. When India became independent from Britain in 1947, an increasing number of Indian-born British citizens immigrated to Australia along with Anglo-Indians.

In 1950, Australia joined the Colombo Plan which brought Asia and the West together at a time of great political and economic

uncertainty. Some thousands of Asian students, including many from India, were sponsored to study or train in Australian tertiary institutions. Some of these students settled in Australia, diversifying the Australian Indian community.

After the end of the White Australia policy in 1973, Indian migration to Australia accelerated and professionals such as doctors, teachers and engineers, some of whom initially accepted work in regional Australia, came with their families. Since the 1980s large numbers of Indian software professionals also began arriving in Australia. The community of nearly 400,000 Indian Australians contribute to the greater Australian community in their roles as teachers, doctors, accountants, engineers and researchers, as well as farmers and other urban and rural roles. There are also about 36,000 Indian students currently studying in Australian universities.

CUSTOMS

Indians living in Australia may be from various groups, with differing languages and a variety of countries of birth. They may come from India, Malaysia, Sri Lanka, East and South Africa or Fiji.

Among them are Punjabis, Gujaratis, Bengalis, Tamils and Anglo-Indians, all with their own languages and cultural norms.

Some Indian customs include prohibiting women from whistling or winking as it is considered not fitting for a lady and impolite. The grasping of one's ears expresses repentance or sincerity. A person's feet or shoes should not touch another person and, if they do, an immediate apology is necessary. Also, the bottom of one's foot or shoe should not point at another person. Beckoning is done with the palm turned down and pointing is often done with the chin.

A person must cover their head when entering a Sikh shrine and remove their shoes at every entrance of a shrine or temple.

Hindu temples require the removal of shoes and cleansing of feet prior to entering a temple. Females are not allowed to enter temples and shrines or partake in religious activities during their menstrual cycle.

India's constitution proclaims the country to be a secular state, which is particularly important in a society of such religious diversity. India is the birthplace of Hinduism, Buddhism, Jainism, and Sikhism—all of which believe in reincarnation.

Although Islam came to India from Arab conquerors, much Islamic research has taken place in India and there are many Islamic institutes and Madrassas in India. India is also the adopted home of most followers of Zoroastrianism. The famous Taj Mahal located in Agra is an Islamic structure with minarets being a feature of its construction.

About 80% of the population are Hindu. Hinduism is highly diverse, polytheistic (worship of many gods), rich in ceremony, and associated with the caste system. Although Hinduism lacks an authoritative

structure, it does have clearly defined beliefs regarding the purpose of life. The caste system dictates that individuals must work their way up to the highest caste through reincarnation before they can exit life on Earth to a better existence. Below the fourth caste or labourers are the 'untouchables', with whom other Hindus are to have no contact. They are usually poor and powerless. The caste system has been constitutionally abolished but continues to be practiced. It limits social and economic mobility for millions of Indians, and maintains the status of the privileged few. Almost 12% of the population are Muslim, 2% practice the Sikh religion and less than 3% are Christian.

Eating habits vary greatly between traditional and modern settings. Most often, urban families will eat together and follow many Western customs. Traditionally, women may eat after other members of the family and any guests. A gesture of *namaste* can indicate one has had enough to eat. Some Hindus object to having their food handled by members of lower castes.

FOOD

Foods vary widely, depending on the culture and region of origin.



For example, rice is a staple in the south, while wheat bread or *roti* is the staple in the north. Indian meals are usually very spicy. Different types of curry are made with eggs, fish, meat or vegetables in a spicy sauce, which are popular. Vegetarianism is widely practiced, often for religious reasons.

All castes have varied food laws and customs, as does each religion. The Hindus consider cows to be sacred and will not eat beef or even use anything made of leather. Muslims do not eat pork and do not drink alcohol. Muslims consume Halal food which means permissible food.

VISITING

Visiting between friends and families is very common. Most visiting occurs in the home and visits between friends or family are often unannounced. The need for prior arrangements is increasing in large cities.

At social gatherings, the guest of honour is often adorned with a garland of flowers which should be immediately removed and carried in the hand as an expression of humility. When guests visit for the first time, it is not polite to come empty ended. It is custom to bring a small gift (food, sweets and

flowers) as a gesture. Many Indians do not wear shoes inside the home. Shoes are generally removed before entering the living room. When visitors are ready to leave, they often indicate it by saying *namaste*. *Namaste is the greeting utilised upon meeting someone and when departing ways.* Depending on certain religious rituals, women may not be on the forefront. Indians are too polite to say 'no' to an invitation; if they cannot attend, they will more likely say 'I'll try'.

CARE FOR THE ELDERLY

Older people are respected for their wisdom. They are viewed as authoritative figures. Looking after parents is considered *punya*, or earning merit in the afterlife. There is also a belief in the need for interaction with the elderly to transmit traditional values such as sharing, caring and patience to the younger generation.

Advancing age is regarded as a period of rightful dependency with the support of the extended family and, in particular, adult sons. The elderly remain active by adapting their activities. Entering this period of life often involves a movement toward greater spirituality and religious involvement and fewer household obligations.

END-OF-LIFE CONSIDERATIONS

Most Hindus choose to cremate their deceased, usually within a day of the death. In Hinduism, death applies only to the physical presence of the body. The soul which truly represented the person is believed to have departed or detached. The body has no significance and, therefore, no attempt is made to preserve it. On the fourth day, the ashes are dispersed in a sacred body of water or other place of importance to the deceased person.

Hindu funeral rites will vary among families and locations, but some common customs include, mourners wearing simple, white, casual clothes. A priest or oldest son, or other male of the family usually presides at the service, and prayers and hymns (mantras) are conducted. There are usually many flowers placed on the body.

Flowers can also be sent to the family home before the service but generally not brought to the funeral home. No wake or food is part of the ceremony and sending food is inappropriate. Traditionally, there is no casket, deceased bodies are wrapped in material from head to toe and placed on a grass mat, and all mourners are expected to quietly view the deceased.

Many families celebrate the departed life on the 12th or 13th day after the funeral. The eldest son of the deceased shaves his head as a ritual.

According to Hindu scripture known as the *Bhagavad Gita*, the soul is a spirit that a sword cannot pierce, fire cannot burn, water cannot melt, and air cannot dry. The soul is free, unbounded, holy, pure, and perfect.

At a Sikh funeral, a yoghurt bath is prepared for the body while prayers are recited. Afterwards, the body is dressed in new clothes. If the deceased has fulfilled the Sikh baptismal ritual then the five symbols of Sikh membership will also be placed in the coffin. Cremation is usually within three days of passing.

The five holy articles of faith are *kesh*, or hair, a Sikh is forbidden to cut or dispose of any hair growing on their bodies; *kirpan*, which is a Sikh knife that represents compassion and one's task to defend the truth; *kara*, which is a stainless steel bracelet; *kachera*, cotton Sikh underwear, representing modesty and *kanga*, which is a small comb.

A small ceremony takes place at a funeral home before the cremation. To commence the service, the

community gathers in prayer, known as *ardas*. The two daily prayers of *Japji* and *Kirtan Sohila* will be recited. Following these prayers, the cremation begins.

KEY EVENTS

Christmas	25 December
New Year	1 January
Eid	Varies
Republic Day	26 January
Independence Day	15 August
Divali Festival	Varies



DID YOU KNOW?

Chess was invented in India.

CASE STUDY

MR SINGH

In the Sikh tradition, it is the responsibility of children to care for their ageing parents. Generally, it is not common to find them in residential care. Unfortunately, Mr Singh did find himself in care as his recently widowed son, Malik, could no longer care for his father as he simply could not afford to leave his job as a taxi driver. Mr Singh, also a widow, had been diagnosed with dementia and it was unsafe to leave him at home without care or supervision.

Since admission to a residential aged care facility, Mr Singh has been agitated and uncommonly tearful. He was found to be aggressive towards any staff member who would walk into his room.

The staff at the facility had been briefed by Malik in regards to the five articles of faith which are important to all initiated Sikhs. However, a new staff member Millie commenced her shift with minimal induction and unfortunately was not briefed on matters of importance to this cultural group.

When Millie was preparing Mr Singh for bedtime, he began screaming at her. She was unsure what was wrong with him. She had some dried food on her uniform and on her arms from assisting another resident to eat during dinner time. She touched Mr Singh and tried to calm him down. This made him even more agitated.

Millie attempted to make Mr Singh lie down on his bed and she found a book covered in cloth on the bed that she gently placed on the floor near his bed. This act enraged Mr Singh. Millie then reached out and touched Mr Singh on his head. Mr Singh reacted in a violent way and lashed out by punching her arm. Millie ran out of his room upset, she was unsure what is wrong with Mr Singh.

EXERCISE

1. How could the violent situation with Mr Singh have been avoided?
2. What are the considerations that facilities should prepare for when accepting a person from a diverse background?
3. Why should the facility be responsible for caring for a resident in a culturally appropriate fashion?



INDONESIA

BACKGROUND AND DEMOGRAPHICS

Between the 1870s and 1940s, Indonesians were recruited to work in the pearling industry in Western Australia and the sugar cane industry in North Queensland. With the introduction of the White Australia policy in 1901, many of these workers returned home.

The Indonesian community in Australia is made up of diverse groups. Some are of European, mainly Dutch origin, who were born to parents posted to the Dutch East Indies during colonial times. The more recent arrivals are of mixed ancestries, reflecting the myriad of groups that make up the modern Indonesian nation.

During World War II, the Dutch East Indies Government-in-exile settled in Australia. It brought with it around 4,500 Indonesian refugees, most of who were repatriated after the Japanese surrender. From the late 1940s to the mid-1960s,

over 100 Indonesians arrived each year. From the early 1950s, Australia also accepted Indonesian students under the Colombo Plan. As restrictions on the entry of non-Europeans eased in the late 1960s, more Indonesians settled in Australia.

The 2011 Census recorded 63,160 Indonesian born people in Australia. NSW had the largest number with 26,834. The major religious affiliations among Indonesia-born living in Australia were Catholics (16,825), Muslims (12,241) and Buddhists (6,480).

CUSTOMS

Indonesians value loyalty to family and friends more than their own concerns. They rarely disagree in public, seldom say 'no' (they say *Belum*, 'not yet'), and generally have time for others. Punctuality, while important, is not emphasised at the expense of personal relations. Indonesians appreciate a

quiet voice, an unassuming attitude and discretion. To embarrass someone is a terrible insult. Indonesians often view Westerners as being too quick to anger, too serious about themselves, and too committed to the idea that 'time is money'. Patience is the key to interaction. Attitudes vary according to diverse ethnic, political and religious backgrounds.

Traditionally, Indonesian people regard 'saving face', and not suffering public embarrassment, or causing shame to oneself and the family as important. Hierarchical relationships are respected, emphasised and maintained. Respect is usually shown to those with status, power, position, and age. Elders must be respected.

FOOD

The cuisine of Indonesia has been influenced for centuries by the Chinese, European and Indian cultures. Most native Indonesians

eat rice as the main dish, served with a wide range of vegetables and meat. Indonesian dishes are usually spicy, using a wide range of spices, notably chilli peppers and coconut milk.

Many Indonesian traditional customs and ceremonies incorporate food and feasting. One of the best examples is *tumpeng*. Originally from Java, *tumpeng* is a cone shaped mound of rice surrounded by an assortment of other dishes. Traditionally featured in *selamatan* ceremonies, a cone of rice is made by using bamboo leaves woven into a cone-shaped container.

Another Indonesian feast, the *Rijsttafel* (a Dutch word meaning rice table), demonstrates both colonial opulence and the diversity of Indonesian cuisine. The classic style *Rijsttafel* involved the serving of up to 40 different dishes by 40 male waiters; the waiters are typically bare foot and dressed

in formal white uniforms with *blangkon*, traditional Javanese caps on their heads and batik cloth around their waists. Indonesians generally dress up for special occasions wearing traditional costume—*kain batik* and *kebaya*.

VISITING

Indonesians believe that visits bring honour to the host and they warmly welcome all guests. Unannounced visits are common. Visitors sit when invited to, but they will also rise when the host or hostess enters the room. A drink is often served, but a guest does not drink until invited to. If refreshments are served, it

is polite to eat a little bit to avoid offending the hosts. If the host or hostess is not wearing footwear, it is polite for visitors to remove their own footwear.

Shoes are removed before entering carpeted rooms, feasting places, places of funeral viewing, or holy places (especially mosques). More Westernised Indonesians appreciate flowers from guests invited to dinner, but gifts are not expected by traditional Indonesians. Any gift given is accepted graciously because it is impolite to refuse anything. Gifts are not opened in the giver's presence.



CARE FOR THE ELDERLY

Traditional aged care is seen as the responsibility of the family. Generally speaking, most Indonesian families are close and work hard to help each other. Indonesians feel a sense of responsibility towards their families especially their elders. They are expected to look after their parents in advancing age. However, demands on modern families can make caring for an elderly loved one difficult.

For some Indonesian-born Australians, the lack of knowledge about the Australian aged care system may lead to reluctance to seek assistance. They are not familiar with such services as there is no aged care system in Indonesia.

END-OF-LIFE CONSIDERATIONS

Family and spiritual leaders are involved in caring for the dying person. The rituals surrounding death and dying are often closely linked to a person's beliefs or religion. For people of Catholic faith, one of the main rituals performed at the time of dying is the administering of the last rites. Muslim burials are performed as soon as possible after death, sometimes on the same day.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Waisak Day	May
Ramadan and Eid al-Adha	Varies
Independence Day	17 August



DID YOU KNOW?

Indonesia is the world's largest country comprised solely of islands. It is comprised of 17,508 islands, with some 6,000 of these being inhabited.



IRAQ

BACKGROUND AND DEMOGRAPHICS

Since the 1991 Gulf War, thousands of Iraqis have found refuge in Australia. The total population is estimated to be as high as 80,000. Australia's Iraqi born population includes Kurds, Assyrians, Armenians, Mandeans, Turkmens and Jews.

The 1976 Australian Census of Population and Housing recorded the number of Iraqi-born living in Australia as 2,273. By 1986, the population had risen to 4,516. By the end of the Gulf War in 1991, it had numbered 5,186, mainly in NSW and Victoria.

Many recent arrivals have entered Australia under the Special Humanitarian Program. The Gulf War and the uprisings of the Shi'a and the Kurds in Iraq resulted in a large increase in the number of Iraqi people coming to Australia after 1991. Iraqi immigration to Australia peaked between 1992 and 1995. Some refugees lived in processing

camps for up to five years before being accepted into Australia under the Special Humanitarian Program. During this period the visas of around 400 Iraqis living in Australia were extended until the end of the Gulf War.

Islam is the recognised religion of Iraq, and 95% of the people practice Islam. There is no distinction between church and state. The two forms of Islam in Iraq are the majority Shiites, and the minority Sunnis. The Sunnis are considered the orthodox branch of Islam. A small percentage of Iraqi people are Christian.

CUSTOMS

The majority of Iraqis speak Arabic, with variations in dialect according to region. Formal Arabic is spoken by educated Iraqis and is the written language. Other languages spoken include Chaldean, Armenian, Syriac, Turkish dialects, Kurdish and Persian.

When sitting next to a person, crossing the legs and pointing the sole of the foot towards a person is considered impolite. Women are expected to eat in a different area. They are also expected to serve the men their meals. Food is prepared in abundance for guests. The right hand is used for eating. Food can be eaten in the hand, although spoons are now more commonly used. Devout Muslims do not eat pork and eat only halal meat. The Iraqi diet is based around rice, unleavened bread, meat dishes and stuffed vegetables. Strong coffee or tea is served often before meals. The main meal is usually mid-afternoon.

VISITING

Friends and relatives visit unannounced, but otherwise warning is appreciated. Shoes are often removed at the door and guests wait until the host asks them to have a seat. People often sit on

cushions on the floor. It is polite and common to take some food, or a small gift such as chocolates. The hosts may decline several times before graciously accepting. The male host usually does all the talking.

CARE FOR THE ELDERLY

Iraqi communities have a high regard for their older people and the family will look after them at home if possible. Respite care, residential care and hospitals are acceptable to many, although they will be most concerned if the older person is in care and has little or no English.

END-OF-LIFE CONSIDERATIONS

A medical diagnosis should be given to the closest family member of the elderly person. Families may not want their family member to be told about a life-threatening illness or disease as it is felt that such news

may exacerbate the condition. It is generally a requirement that patients and their families are to be treated by members of their own gender.

Muslim clients may also need to be supported to perform their five daily prayers, perhaps requiring orientation of their bed to face Makkah (Mecca) and ablutions (in private, for example) if they express a wish to do so.

Funerals are very simple and sombre events. People are buried on the day following their death, and are wrapped in a white cloth and placed in a plain box, if available. Funerals tend not to reflect a person's wealth as they generally are the same for everyone.

Cremation is forbidden for Muslims and Coptic Orthodox. There are also strong beliefs about the handling of the deceased, timing of burial and autopsies.

KEY EVENTS

Eid al-Fitr	Islamic feasts after Ramadam
Iraqi Independence Day	3 October
Prophet's Birthday	12 December



DID YOU KNOW?

For 5,000 years Iraqis have been keeping bees. Honey is an important source of food and income for many Iraqi families.





ITALY

BACKGROUND AND DEMOGRAPHICS

According to the 2011 Census, Italians were the largest group of older Australians born overseas and numbered 185,402. They have long since played an important role in Australia's history.

The first wave of migration was a group of approximately 200 people who arrived from the Veneto region in 1882. These families settled in the northern New South Wales (NSW) town of Woodburn, near Lismore, known as 'Little Italy'.

Italians arrived in large numbers in the decades following the Second World War. An Assisted Passage Scheme was introduced in 1951, whereby the Australian Government paid for fares and accommodation in migrant camps such as Bonegilla in Victoria and Greta in NSW, in return for several years of employment. Between 1951 and 1968, over 42,000 Italians arrived under this scheme.

CUSTOMS

In Italian culture the family is highly valued and forms an integral part of the social and community fabric. Religion also plays an important role in daily life and Italians are predominantly Catholic.

Italians tend to identify themselves on a regional basis. The Italian state comprises of 20 regions in total. It is common to hear Italians ask each other from where in Italy they were born or emigrated from. The term *paesano* refers to coming from the same village or township and is an esteemed social greeting which can be heard when meeting friends.

Some Italians observe religious and cultural customs before meals such as saying a prayer or making the sign of the cross. It is a common custom for Italians to wish people whom they are sharing meals with *buon appetito* or enjoy your meal.

FOOD

Italians are famous for their love of food and for their cuisine. There are regional differences in food. For example, dairy-based sauces are commonplace in Northern Italy, as is polenta which is made from cornmeal.

Pasta with tomato-based sauces and hot spices are preferred in Central Italy and in the South. Bread, focaccia, pizza, cheese, wine, gelato, granita and coffee are also staples of the Italian diet.

Older Italians often enjoy a glass of red wine with their meal and many like to end their meals with a piece of fruit. Almost all Italians enjoy an espresso coffee after the meal. Sharing morning or afternoon coffee/tea with friends and family is an important routine maintained by many Italians.

In Australia, Italians will typically have their main meal at dinner time,

which might include pasta followed by a second course of meat, poultry or fish and salad or vegetables.

VISITING

Italians enjoy visiting one another, especially on holidays and Sundays. Guests invited to dinner often take a bottle of good wine, a box of chocolates or flowers to the host. Unless they are told otherwise, guests wait for the hosts to sit before they are seated, and they also wait for the hosts to begin eating before they eat. Some Italians say the word *permesso* or permission before entering the home of friends. It is seen as a friendly and respectful gesture before entering the home.

CARE FOR THE ELDERLY

Families often try to 'protect' their sick family members by withholding information and diagnoses to maintain a sense of hope, especially

in cases of serious illnesses such as cancer or other terminal conditions.

Italian Australians generally have respect for doctors and will usually accept their opinion and follow their directions. They also have high expectations that doctors and nurses will relieve their symptoms and pain.

Italian doctors are preferred as communication is easier that way. Carers have a strong sense of duty and roles are often dictated by gender—daughters usually take on the physical caring role while sons being responsible for decision making and handling finances. Emotions are openly displayed, including anger and grief.

Food is considered important in the healing process and patients will be encouraged to eat—sometimes this may be in contradiction to medical advice. Italians prefer not to talk directly about ‘cancer’ and ‘dying’ as they believe this will have a negative impact on the patient.

Treatment at home is preferred but hospital or hospice is increasingly becoming acceptable. Italians will tend to favour Italian specific care provided by care facilities and community organisations. Family-centred care is always preferred and the family needs to be involved at all stages of decision making.

END-OF-LIFE CONSIDERATIONS

Many families might not be aware of the issues in ‘planning ahead’, including awareness of guardianship, organising power of attorney and wills.

Dying at home is preferred and Catholic rituals are common, including administration of the ‘last rites’. The ritual of ‘Lutto’ is conducted at home where the bereaved family receives visits and condolences from extended family and friends.

The Rosary is recited over the deceased’s body and a full church service is held, followed by burial in a cemetery. Emotions are openly displayed and mourners traditionally wear dark colours and have an opportunity to throw a flower on the casket as a final goodbye. Elaborate headstones and caskets are often regarded as fitting tributes.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Liberation Day	25 April
Labour Day	1 May
Assumption Day	15 August
All Saints’ Day	1 November

CASE STUDY

IOLE'S STORY

I cared for my poor dear husband, Guido, for eight years while he had 'that disease'. This was the first time in my life that I had had to deal so closely with someone who had dementia. I thought that in time after taking the prescription pills and the cures advised by the doctor, Guido would get better. I had friends who were caring for their husbands and even knew a lady who had it herself and would hear what they had to say, but then I forgot their issues, even when eventually these issues would apply to myself and my life. Until you have actually experienced life as a carer of someone with this disease you just do not know what this means.

At 69 years old, Guido already started to feel in himself that he was tired and starting to feel insecure of his abilities and memory. He used to say that he couldn't perform his usual life activities as he used to; that he "couldn't do things anymore". He lost weight even though he used to eat well, but the doctors could not foresee the onset of dementia in his case.

I know now that dementia cannot be healed. He was great at mathematics and would keep his mind busy by keeping account balances and performing calculations whenever he could. But he came to realise that he eventually couldn't do this any longer. He lost interest in reading, watching TV and even following the soccer and sport which he absolutely loved. He just lost interest. He realised that he couldn't follow it.

I didn't know what was happening to Guido, I thought initially that he was being lazy. I implored him to help himself more; to try to read and maintain interest in something. Initially doctors never used the diagnosis of dementia to describe what was happening to Guido. It wasn't until it was very



DID YOU KNOW?

Italy's birth rate is the second lowest in the Western world. Both political and church leaders have expressed concern and have offered rewards to couples who have more than one child.

obvious that Guido couldn't hold a conversation or remain in social company that the doctor then called his symptoms 'dementia'. Guido could not remain in company with people, wouldn't participate in conversation, was unstable on his feet, would shut himself away and ate less and less.

Eventually Guido suffered a fall that caused fluid to accumulate in his brain. After a stay in hospital he was left with other symptoms that were like those of Parkinson's Disease. His health deteriorated after this event. I never actually said to him that he had dementia but he knew that something was wrong.

There would be times when Guido appeared to be his previous self. These times appeared and disappeared in a flash and happened rarely. It seemed as if he understood what was happening and I felt so sad and sorry for him. Two years before Guido passed away, I remember very clearly that he said to me, "I am no longer myself".

I would say to Guido, "Do you feel ill, where do you feel pain?", but he would remain quiet. Guido is the youngest of all his brothers and he outlived them all, having made it to 86 years old. His brothers all died at around 77 to 78 years of age from cancer.

I lead a women's group in Blacktown on Wednesdays and was obliged to keep attending. Good friends of mine would come and stay with Guido for about 1.5 hours while I attended the group or whenever I had to keep specialist appointments for myself. I felt really great when I was able to leave the house and socialise with friends. It really was a respite.

I began to use formal respite after this. Even though Guido refused to attend a centre based day care group, I was able to receive in home respite from Co.As.It. A lovely carer called Gianni would stay with Guido while I attended my group. They would communicate in Italian, pray together, share an afternoon coffee and biscuits or sometimes Guido would have a nap. But my mind was at ease because Guido was being looked after by someone that he connected with. For those few hours I felt a great relief because the life of a carer is very wearing and tiring.

As Guido's restlessness increased, especially at night, when he would feel that he would have to get ready for work at any time between 10 pm and 3 am, my health began to wane. The caring responsibilities were draining me physically. I don't know of any services that

are provided for nighttime care. My children and my family doctor encouraged me to place Guido in residential care before I became a complete wreck.

Guido remained in a residential care facility exactly one year before he died. I used to take him home on weekends but it was so painful every time he had to return. I felt so guilty that I had made this decision but it was the only one that I could make and my family supported me 100%. None the less I felt that I had done as much as I could for Guido at home before the toll on my health began to show.

If I could give other carers any advice regarding their caring role when they care for someone with dementia, it would be this: It's great when you say, "I can't do it any longer" and to get assistance earlier. When you care for someone you love, you don't want to give up because you love them and you don't want to send them away from their home where you have spent a lifetime together. I advise carers to get services earlier to try to save their own health, especially when you are older.

EXERCISE

1. Which methods did Iole use to attain information about dementia?
2. Why was Iole's mind at ease about leaving Guido with the respite service?
3. Do you consider that all carers would feel this way?
4. Why is it that a great number of CALD carers feel guilty about employing some sort of respite service?



KOREA

BACKGROUND AND DEMOGRAPHICS

A small number of Koreans arrived in Australia between 1921 and 1941, primarily to seek further educational opportunities. After the Korean War from 1950 to 1953, many Korean women came to Australia as war brides and children as orphans, who were adopted by Australian families.

The relaxation of immigration restrictions in the late 1960s provided the first opportunity for larger numbers of Koreans to enter Australia. In 1969, the first Korean immigrants arrived in Sydney under the Skilled Migration Program. However, there were only 468 Korean-born recorded as living in Australia at the time of the 1971 Census.

In the early 1970s, about 1000 Koreans arrived each year for short-term stays, mostly as students and around 100 arrived for permanent residence. Some of these new

arrivals subsequently sponsored family members for migration. Between 1976 and 1985, around 500 Korean-born immigrants arrived each year for short-term stays mostly as students.

From 1986 to 1991, there was a further increase in settler arrivals, with an average of about 1400 each year, many coming under the Skilled and Business migration categories.

The 2011 Census recorded 74,538 Republic of South Korean-born people in Australia with major religious affiliations among this group being Catholic (16,712), Presbyterian (16,113) and Uniting Church (7,531).

CUSTOMS

After the family, the state is the most important group and South Koreans have a strong sense of nationalism, with military service being compulsory for men.

Korean people are very proud of their achievements but are usually very modest when speaking about themselves. Reluctance to accept honours and praise is the mark of good manners and compliments are graciously denied. Koreans are quick to make friends and friendships are highly valued. Giving gifts as a means of obtaining favours is common, especially in the workplace.

Accepting a gift carries the responsibility of reciprocity. Open criticism and public disagreement are considered very serious because it is not proper to damage another person's reputation. Due to the attitude of respect for the feelings of others, Koreans may withhold bad news or adverse opinions or express them in an indirect way. Touching between strangers or casual acquaintances, especially between the opposite sex, is considered inappropriate.

Koreans follow the traditions of the religious affiliations to which they belong. They also celebrate secular holidays.

FOOD

Korean cuisine is largely based upon rice, vegetables and meats. Traditional Korean meals are noted for the number of side dishes or *banchan* that accompany steam cooked short-grain rice. *Kimchi* (pickled cabbage) is served often, sometimes at every meal.

Commonly used ingredients include sesame oil, *doenjang* or fermented bean paste, soy sauce, salt, garlic, ginger, pepper flakes and *gochujang* or fermented red chili paste. Eating with fingers is considered impolite, but slurping soup and noodles is accepted. Spoons for soup and chopsticks for everything else are the most common utensils.

VISITING

Unless special business calls for it, a superior never visits a subordinate. Those who are invited are nearly always offered light refreshments, consisting of a drink, fruit, crackers, cookies or coffee. It is considered polite and a sign of respect for guests to take a gift to the hosts. The value of the gift is far less important than the gesture of giving it. In most cases, a gift will be fruit, a beverage, or something from one's home region. Shoes and hats are removed indoors. In some cases, slippers are provided otherwise people wear only socks in the home.

Observing etiquette involves paying particular attention to the host and making sure his or her feelings are respected. Showing respect for the family and the state are of utmost importance for most visits. Koreans are very generous hosts. They view the care of a guest as basic good manners, so visitors are given the best the household has to offer. If there are many guests, then age or status are used to determine who gets the best seat, the best cut of meat, the largest drink, and so forth.

CARE FOR THE ELDERLY

Respect and care for sick and for the aged has long been a norm and obligation of adult children in traditional Korean culture. The customary expression has been for older parents to live with the eldest son, his wife and children in three-generational households.

Housekeeping is regarded as a women's role and most senior daughters-in-law are expected to care for elders with disabilities. Often, all members of the three-generational household share the work of a collective family business, farm or shop.

END-OF-LIFE CONSIDERATIONS

Attitudes towards death and dying in elderly Korean-born people vary. Some elderly people are highly dependent upon religion and tend to rely on their faith in God and the religious minister for guidance. Science-adherent elders have great affection for life and believe in modern medical advancements. Other elders regard death as the dispensation of nature so there is no need to be afraid of dying.

Funeral rites are performed according to religious affiliation. Traditionally, funeral rites adhere to strict Confucian norms, which have

clear and fixed hierarchical lines between the genders. For example, women are restricted from entering or witnessing a dying male relative. Similarly, men are not permitted to observe the last moments of a female's life, regardless of the relationship.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Children's Day	5 May
Parents' Day	8 May
Constitution Day	17 July
National Foundation	3 October



DID YOU KNOW?

Valentine's Day in Korea is all about the men. This is a day where women show their love by giving chocolates and gifts to their husbands/boyfriends. Everything changes on March 14. Known as White Day, this is the holiday where men buy gifts for women, but there's a catch: A man is supposed to spend three times the amount of the gift he received on Valentine's Day. The gifts are often in the colour white.



LEBANON

BACKGROUND AND DEMOGRAPHICS

Lebanese migrants have been settling in Australia from the mid-19th century. By the 1880s sizeable numbers of Lebanese were living in Sydney, Melbourne and Adelaide.

Because the first Lebanese arrived from the Ottoman district of Mount Lebanon in the province of Syria, they were called Syrians, or sometimes Ottomans. Only since the formation of the modern state of Lebanon in 1943 have new settlers been referred to as Lebanese, although some may have said they came from Mount Lebanon.

At the turn of the 20th century many Lebanese settled in and around the Sydney suburbs of Redfern, Waterloo and Surry Hills. Some established retail and warehousing businesses and factories which prospered and provided employment for the newly arrived. Churches and other places

of worship soon followed. An area centred on Elizabeth Street in Redfern became the economic and social hub for the community. The area became known as Little Syria and later Little Lebanon.

These migrants were not welcomed by the White Australia policy which came into force in 1901 and held sway until the latter half of the 20th century. The policy originally favoured migrants from Britain and Ireland and required all to pass a dictation test in a language nominated by the immigration officer.

This new federal legislation effectively halted substantial Lebanese immigration because the Syrian/Lebanese were officially classed as Asiatics, until there was some relaxation of the policy in the 1920s. Relaxation of White Australia policy regulations affecting Syrian/Lebanese in the early 1920s and a famine in Lebanon saw a second wave of immigration.

Thousands arrived in Australia before the disruptions caused by World War II halted immigration. By 1945 almost every rural and urban centre in NSW had at least one Lebanese small business and, in many of the larger towns, small discrete communities of Lebanese appeared and they created a network of rural businesses.

CUSTOMS

Lebanese society is heavily influenced by religion. The majority of Lebanese are Muslim, the largest groups being Shi'ite Muslims and Sunni Muslims. Christians account for 25% of the population.

In Lebanese culture, pointing or beckoning with the index finger is impolite. To beckon another person, all fingers wave with the palm facing down. A closed fist should never be waved in the air. For many, it is offensive to pass or receive objects with the left hand. The right hand or both hands

should be used. Knees may be crossed, but crossing an ankle over a knee risks offending any person positioned where the bottom of the foot is pointed. The soles of the shoes or feet should always face the earth and never another person. Eye contact is important as long as there is no touching between genders. Men should never curse in front of women.

FOOD

The Lebanese cuisine can often be spicy. However, due to Lebanon's warm climate, many dishes are also light and vegetarian. A traditional meal for special occasions is the Meza. *Kibbeh* is a popular beef dish that can be baked, fried, or eaten raw. The main meal of the day is eaten between 12 pm and 3 pm. This meal may last two or more hours.

VISITING

Hospitality is a prized tradition in Lebanon. People feel honoured to have guests in their homes, and they also love to visit others. Hosts always serve guests something to drink, usually tea or coffee is prepared and served without asking the guests. Hospitality requires that it be accepted, so a word of polite explanation is in order if it is refused. If invited to a meal, guests might bring flowers, a plant, a special dessert or something for the home. Guests invited for lunch generally do not leave until after 4 pm and dinner guests are expected to stay the entire evening. It is extremely impolite to leave directly after eating. It is not considered appropriate to discuss business during a meal.

CARE FOR THE ELDERLY

A predominant view is that after a certain age the approach to elder care is one of expectant management, pending the eventual outcome of death. Moreover, a displacement of decision making occurs where family members often adopt a paternalistic approach and replace older adults in assuming responsibility for family issues, including health-related decisions. The lack of involvement of elderly

individuals in decision making may result in them feeling unmotivated and a sense of uselessness. The intention is usually benevolent but may lead to depression and accelerated ageing in the older person.

Older adults can sometimes feel that they have become a burden to their families, both physically and financially. They may isolate themselves and refrain from sharing their symptoms and concerns with family members.

END-OF-LIFE CONSIDERATIONS

Lebanese funerals are usually very elaborate. People are encouraged to express their feelings of loss openly and to follow funeral processions. (Muslim burials)

All the religions in Lebanon place much emphasis on the afterlife. Individuals are constantly exhorted to live righteous lives in the present, which will allow them to enter a paradise when they die.

KEY EVENTS

Arab League Anniversary	22 March
Independence Day	22 November
Evacuation Day	31 December
Islamic holidays for Ramadan and feasts	Varies

CASE STUDY

A STORY OF CULTURE AND DEMENTIA

Saidy was a woman who emigrated from Lebanon. She had five children—two boys and three girls. She was widowed when pregnant with her youngest child. Her brother-in-law took responsibility for Saidy's economic and social wellbeing. In 1962, her son requested and sponsored her migration to Australia. She was accompanied with one son and one daughter. Eventually, all of her children came to live in Australia.

Saidy resided with her son and daughter-in-law Nouhad. She practiced the Maronite faith. Lebanese mothers are revered in the culture. The eldest son is the person responsible for looking after the family and in particular if the mother is widowed. It is unheard of allowing a Lebanese mother to go out to work. The Lebanese family is very much hinged on the matriarch.

Saidy loved Australia. She lived here happily with all of her family. She never returned to Lebanon as war destroyed her family home.

Saidy's daughter-in-law, Nouhad, realised that there was something

not quite right with Saidy when she started placing objects in unfamiliar places, she was aged 79. Generally, an impeccably clean person, Saidy started to not change her clothing when she spilled anything on them. She, in fact, started to deny that she had spilled anything at all. Saidy paid regular visits to her doctor as she had a heart murmur which was monitored regularly. Having a close association with her GP led to a diagnosis of dementia.

Saidy was unaware of the condition and did not fully understand what was wrong with her. The perceptions of dementia in the family and community at large as retold by Nouhad are that "people think that they have gone crazy...cuckoo". "I would tell people that she had lost her mind, her memory". "I had to treat her like a baby", Nouhad stated. Nouhad herself had never heard of dementia previously. She recalls



DID YOU KNOW?

The first ever people to build a boat and set sail in it were the Phoenicians who were the original occupants of Lebanon.

that her “heart was broken” when given the diagnosis of dementia of her mother-in-law by the GP. “She was like a second Mum, it upset my husband as well. What upset me was that she was not the wise woman that she once was”.

Indeed Nouhad expressed that she found it difficult to treat her mother-in-law “as a baby”, as Saily was a very strong and an emotionally intelligent woman. Nouhad recalled fondly that Saily could perceive Nouhad’s state of being by just looking at her face. The two women were very close and emotionally attached.

Nouhad had little respite from her caring duties. She looked after her mother-in-law until the end of her days. Saily was difficult at times and rarely wanted to leave the house. At one time, Saily needed to be hospitalised due to a kidney infection. She refused to allow nursing staff to touch her. This meant that Nouhad had to attend to the hospital to assist with her care. Nouhad recalls that she had to wear gum boots and rainproof gear in order to accompany Saily in the shower in order to pacify her and attend to her personal hygiene.

Nouhad also had to be present when medical staff were trying to complete interventions.

Nouhad recalls that she had to be at the hospital at 6 am the time when Saily would wake and also at 10 pm to ensure that she was asleep. Saily would at times not allow Nouhad to leave her side. In essence, Nouhad felt as though she had to care for her mother-in-law even when she was not in her care.

On the home front, Nouhad herself had a young family of five to raise. She found some respite (only through the constant badgering of medical staff) when she enrolled in TAFE to complete sewing classes. She did this one day a week and then at night time. She did employ some home care in the final stages of Saily’s condition. Staff would attend three times per week to shower her. Nouhad said that they were “very good, very helpful”.

At the end of Saily’s life things were difficult as she even refused assistance from Nouhad, and her daughters. Nouhad had to play tricks on her just to get showered. Saily would also constantly pull out her catheter which made things difficult to care for her.

Nouhad remembered her mother-in-law with great affection. It highlighted to me the great bond which exists in Lebanese families.

REFLECTION

Consider how difficult caring for a person living with dementia would be. Not being able to do the things that one takes for granted, like meeting friends, attending outings with your own family, or even just having time to sit and watch television without being disturbed.

1. What specific services could assist these carers?
2. Is providing care for a person from a CALD background different to caring for a person of English language and cultural background?



MACEDONIA (FYRM)

BACKGROUND AND DEMOGRAPHICS

Macedonians first came to Australia in the early 20th century as *pechalbari*, or men who came seeking fortunes with the intention of returning home. Many of these men decided to settle, however, and travelled the Australian countryside looking for work as itinerant labourers. Others established market gardens or small businesses in both rural and city areas. Members of this first wave of immigrants sponsored the immigration of family members, many of whom had lived through the civil war that ravaged Aegean Macedonia or Northern Greece in the late 1940s.

Small scale migration continued after World War II, and numbers increased in the late 1960s through to the 1970s. This was due to a worsening economic situation in the Socialist Republic of Macedonia, which was then part of the Yugoslav Federation.

During the 1980s, the Macedonian community in Australia established several cultural organisations to support its members. The Macedonian Community Welfare Association and a range of artistic and sporting groups were also established during this period.

In 1991, Macedonia declared its independence from the Yugoslav Federation. Economic migrants from Macedonia soon began to arrive in Australia.

The 2011 Census data recorded 40,223 Former Yugoslav Republic of Macedonian-born people in Australia. The major religious group is Orthodox Christians (34 844).

CUSTOMS

Religion and the church play a big role in the lives Macedonians people. Macedonians usually like to have church services conducted for their weddings, christenings and funerals.

MACEDONIA (FYRM)

Traditionally, older Macedonian people keep icons of the Lord, Virgin Mary and the Christian saints hanging on the walls in their homes and some of them have a spot in their house where they keep a candle or a wick burning in a glass of oil.

FOOD

Macedonians are very hospitable and like to cook for their guests. Macedonian cuisine includes, bread, homemade pastries such as *zelnik* and *banica*. *Burek* are savoury pastries filled with cheese, spinach or meat, capsicums, chillies, beans, potatoes, all kind of meats. *Ajvar* is a red pepper relish. *Kebapi*, a type of sausage, *polneti piperki*, or stuffed capsicum usually filled with rice or rice with meat, *pita*, *malidzano*, an eggplant spread, *pindzur*, a spicy vegetable relish, and stuffed pickled cabbage rolls.

Traditional Macedonian desserts are *palačinki* a type of crêpe, *kompot*

(compote), *lokum* or Turkish delight and *baklava*.

Alcohol is traditionally accepted and is also part of many celebrations. Fasting is done regularly for religious holidays. Macedonia has a well-developed coffee culture, and Turkish coffee is by far the most popular coffee beverage.

Macedonian traditional folk costumes are worn just at cultural celebrations. In the past, they were worn regularly in the villages. Each area in Macedonian has its own unique traditional costumes.

VISITING

Relatives, friends and neighbours visit regularly and informally. However, it is important to give advance notice of a visit if you are a stranger, in order for the host to receive you in the desired manner. Hospitality is a hallmark of the culture, and shoes are traditionally

taken off at the door as a show of respect. A person entering the room where others are seated shakes hands with each person. Staring at strangers has been considered impolite.

CARE FOR THE ELDERLY

Sons are expected to care for aged and sick parents and families generally delegate shifts in this role.

Caring for elderly and ill is an integral part of life. There is a strong stigma towards people with disabilities and mental health issues—problems are kept within the family and services are not adequately utilised.

END-OF-LIFE CONSIDERATIONS

The issue of death in the Macedonian community is considered taboo, especially in cases where the person is terminally ill. Death is very rarely spoken about outside the family home, especially in case of a cancer diagnosis. There is a genuine fear of becoming the subject of gossip if this diagnosis is known by the wider community. A person with cancer can be perceived as being 'cursed' and this may bring shame or embarrassment to the family.

It is preferred that the terminally ill die in the family home, but if the ill person is in hospital, family members may visit palliative care units and help with care. Should the terminally ill person understand that they are dying they may not wish for the community to know as they would like to be remembered as they once were.

When someone dies, a priest is often called to say a prayer for their soul, it is hoped that the prayer will cleanse the body of sins and for it to be accepted into the afterlife. There are often unique traditions for each individual person when they pass away.

Immediately after death, family will sit by the side of their deceased family member until it is time for transportation to the morgue. The body of the deceased can be handled without significant restrictions, usually cleaned and formally dressed for the burial. Cremation is not widely accepted.



KEY EVENTS

New Year
Orthodox Christmas
Orthodox Easter
International Day
of Labour
St Elijah's Day
Macedonian
Independence Day



DID YOU KNOW?

Macedonia is the first country in the world to have full access to wireless broadband.



MALAYSIA

BACKGROUND AND DEMOGRAPHICS

Immigration from Malaysia (previously known as Malaya) first began during the mid-19th century, with many finding work in the pearling industry. Others worked in South Australian mines, agriculture and in the cane fields of Queensland. Despite the high demand for Malay workers in Australia, the introduction of the Immigration Restriction Act in 1901 severely curtailed the growth of this community.

There was a slight increase in the size of the community during World War II when people were evacuated from British Malaya. Most arrivals were of European descent.

In the post-war period, Malaysian students were given temporary residency under the Colombo Plan. In the 1950s, 17,000 students arrived and many of them stayed in Australia, later sponsoring parents and siblings.

In the late 1960s many ethnic Chinese left Malaysia after the government introduced affirmative action policies favouring indigenous Malays. After the Immigration Restriction Act had officially ended in 1973, Australia became a more favourable destination for Malaysian immigrants, largely ethnic Chinese.

The largest number of Malaysian born immigrants arrived in Australia after 1981, under the Family Reunion Program, skilled or business migrants. The Malaysian-born population in Australia doubled between 1986 and 1991.

English (29%) and Cantonese (26%) are the two most common languages spoken at home followed by Mandarin (25%).

CUSTOMS

Malaysians may be influenced by or practice a variety of beliefs due to the diversity of their ethnic backgrounds.

Islam is the official religion of Malaysia, although the constitution guarantees freedom of worship. Ethnic Malays are generally Muslim. The Chinese on the peninsula are chiefly Buddhist, with some Taoists, Christians, Confucianists and other religions. Those of Indian background are Hindus, Catholics and Buddhists. While 27% identify as Buddhist, there has been a rapid growth of Christianity, now 40% due to recent arrivals.

Traditionally, the family system is the most important social unit in Malaysia. It is common for two or more generations to live together in the same house. Cooperation, loyalty, and unity are important in the family. Saving face or not being publicly embarrassed or causing shame to the family is important to Malaysian-born people. It is important to conform to family and societal norms.

The family is the core social unit and is traditionally hierarchical and

patriarchal in structure. Malaysian-born families tend to be very private and reluctant to discuss family issues or conflict with non-family members.

Malaysian-born people highly value emotional self-control. Arguments or disagreements are kept to a minimum.

FOOD

Eating customs differ among ethnic Malay groups. Malays and Indians eat with their hands and with spoons.

Some cultural groups refrain from eating certain foods. For example, Muslims do not eat pork or drink alcoholic beverages. Hindus and some Buddhists do not eat beef. Due to Malaysia's cultural diversity, a wide variety of foods are eaten. Rice is the dietary staple and fish is the main source of protein. Spiced foods such as hot peppers or chillies are also widely eaten.



VISITING

Visiting one's relatives and friends is an important part of Malaysian life, especially when one does not share a house with the extended family. Dropping by without prior arrangement is common. When invited, persons are generally not expected to arrive on time. Punctuality is not important in Malaysia because of the emphasis on people over schedules. Shoes are removed when entering a home.

CARE FOR THE ELDERLY

Traditionally in Malaysia, children and family members care for their elderly. There is a respect for and a sense of duty towards elders and parents. Malaysians view age positively and age is seen as a sign of wisdom.

As with other Asian communities, the guidance of elders, as well as religious and community leaders is also held in high regard.

END-OF-LIFE CONSIDERATIONS

Like other customary rituals held in Malaysia, funerary practices are influenced not only by culture, but religion as well. Buddhists, Christians, Hindus and Muslims have very different ways of caring for their deceased and preferred burial methods also differ, being either burials or cremations. While the final resting place is typically a community burial ground or a memorial park, some families opt to scatter the ashes of their loved one into the sea.

Even though each race and religion has its own sets of beliefs and funerary practices, there are certain factors that unify the different cultures in Malaysia. For example, during the difficult times following the untimely death of a family member, there is a strong sense of support from the community, particularly among the extended family, friends and neighbours. Central to all Malaysian funerals, is prayer, both at home and in houses of worship.



DID YOU KNOW?

The Sarawak Chamber in Malaysia is the world's largest underground cave. This cave is very spacious and could easily accommodate forty Boeing 747 planes.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Ramadan & Eid	Varies
Official birthday of HM the Yang di-Pertuan Agong	June
Malaysia's National Day	31 August
Diwali	Varies



MALTA

BACKGROUND AND DEMOGRAPHICS

The first organised migrant group arrived in 1883 when 61 Maltese labourers were recruited to work on the sugar plantations in Queensland. Many of these migrants returned to Malta because of the harsh working conditions they experienced.

Migration from Malta to Australia gradually increased after 1905. The 1911 Australian Census reported 248 Maltese-born residents. Between 1911 and 1919 a further 2,000 migrated. The 1933 Census recorded 2,782 Maltese born in Australia. Immigration from Malta increased after 1944, when Maltese migrants were classified as White British subjects. In 1948 the Maltese were offered assisted migrant passage to Australia. Most of the Maltese migrants who came in the 1950s were semi-skilled or unskilled workers.

According to the 2011 Census there were 41,274 Maltese-born people in Australia with the major religious affiliation being Catholic (37,817).

CUSTOMS

Maltese culture and customs are mostly influenced by Catholic festivals and national celebrations.

St Paul is considered to be the spiritual father of the Maltese. Religious celebrations form an important part of culture in Malta and around 80 such events are held during spring and summer months in Malta and Gozo. Catholic Maltese have a strong devotion to the Rosary.

During World War II, while Malta was being heavily bombed, the Maltese people, led by the clergy, took refuge in shelters and prayed the Rosary, on the feast of Mary's Assumption on 15 August 1941. The Maltese attribute the prayers on this day, with the entry through

the Grand Harbour of a ship full of provisions, which saved the islanders from starvation.

FOOD

Maltese cooking is influenced by Italian, North African and the Eastern Mediterranean cuisine and has much in common with its Sicilian neighbours.

Pastizzi are popular finger food. They are pastries filled with ricotta cheese, peas, meat or anchovies and is the best known culinary export of Malta.

A heavy meal includes pasta, meat and vegetables, and dessert or fruit. Occasionally, a small bowl of soup called *minestra* begins the meal. *Lampuki* pie is a seasonal pastry-covered fish casserole containing spinach, cauliflower, chestnuts and sultanas. Stuffed octopus, squid, and cuttlefish are served with tomato sauce, while a *roulade* of beef known as *bragoli* is served

with gravy. Stuffed poultry and baked pasta dishes are common. Rabbit stewed in wine is a specialty, often served with pasta as a first course and lamb is eaten at Easter. *Figolli* are almond pastries cooked for Easter and they cut to represent symbolic figures.

VISITING

Going out to socialise is a favourite activity for most Maltese, preferred over spending time in each other's homes. It is polite to arrange a visit. Men and women share house chores. The hosts generally offer a drink and refreshments (cakes, biscuits or sandwiches). Guests often bring a gift of wine, chocolate or flowers when invited to a meal. Foreign guests may present a souvenir from their country.

CARE FOR THE ELDERLY

There is a strong family involvement in the care for the elderly and it is expected they will be cared for by their children and family members. The elderly are traditionally cared for at home and most rely on family for support.

END-OF-LIFE CONSIDERATIONS

Death is not a taboo subject in Maltese culture. Citizens celebrate death and several daily routines reflect the Maltese respect for death.

One of the oldest traditions is the practice of placing salt on the stomach of the deceased, known as being 'salted for the pit'. Prior to the funeral, the body is kept in the family's house. Maltese people traditionally cover all mirrors in accordance with the traditional belief that mirrors are supernatural portals for spirits.

Burial practices and ceremonies are conducted in accordance with the Catholic religion. The night before the funeral, the Rosary is held and the body is viewed. In the following days a mass is held and friends accompany the family to the cemetery.

It is common to pray for the souls of the departed to assist those in purgatory, and family members openly discuss the kinds of graves they are considering buying. A sharp distinction is made between a common grave and a family grave, which is considered more honourable.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
St Pauls' Shipwreck	10 February
Freedom Day	31 March
Workers' Day	1 May
Sette Giugno	7 June
Imnarja harvest feast	29 June
Assumption Day	15 August
Independence Day	21 September



DID YOU KNOW?

Malta is home to ancient Megalithic Temples, one of the oldest surviving free-standing structures in the world. They date back to 3600 BC, making them older than the pyramids in Egypt, the Great Wall of China, and Stonehenge in England.





MYANMAR (FORMERLY BURMA)

BACKGROUND AND DEMOGRAPHICS

The first Myanmar people to settle in Australia were the so called 'Anglo-Burmese'. The Anglo-Burmese were of Myanmar and European descent, and emerged as a distinct community through relations between the British and other European settlers and the indigenous peoples of Myanmar. Myanmar was administered by the British from 1886 as Burma.

Following independence from Britain in 1948 and the rise of nationalism, employment for the Anglo-Burmese became difficult forcing many to leave Myanmar. Between 1947 and 1959, about 3,500 Anglo-Burmese settled in Australia. Following the 1962 military takeover of the Myanmar government, a further 2,500 Anglo-Burmese settled in Australia between 1965 and 1972. Numbers grew significantly due to the intake of Myanmar people under

the Migration Refugee Special Humanitarian Programme. By 1991, the Census recorded 8,223 Myanmar-born people in Australia.

Since 1988, more Myanmar people fled the country due to ethnic tensions and government oppression. An estimated one million Myanmar people fled to neighbouring countries, predominantly Thailand. Significant numbers have arrived in Australia as refugees, often after long stays in refugee camps.

Myanmar Australian communities are ethnically diverse, each with their own unique dialects, beliefs and customs, reflecting the ethnic makeup of Myanmar. Members of Myanmar communities have tended to self-identify based on ethnicity.

There are more than 135 different ethnic groups in Myanmar, each with its own history, culture and language. The majority Bamar ethnic group makes up about

two-thirds of the population and controls the military and the government. The minority ethnic nationalities, making up the remaining one-third, live mainly in the resource-rich border areas and hills of Myanmar.

The seven largest minority nationalities are the Chin, the Kachin, the Karenni (sometimes called Kayah), the Karen (sometimes called Kayin), the Mhong, the Rakhine, and the Shan. Myanmar is divided into seven states, each named after these seven ethnic nationalities, and seven regions (formerly called divisions), which are largely inhabited by the Bamar.

The Rohingya people are not recognised by the government as an ethnic nationality of Myanmar, and thus suffer from some of the worst discrimination and human rights abuses of all the people of Myanmar. Estimates put the Rohingya population of Myanmar at close to 2 million, living mainly

in Rakhine State, and many more live as refugees in neighbouring countries like Bangladesh.

A group of 160 Karen people of Myanmar have resettled in a regional area of Australia in the township of Nhill in Victoria. The social impact of this resettlement has had a significant impact for this township, both socially and economically. It has revitalised industry in the town with much needed labour.

The Myanmar people have experienced decades of oppression from a succession of military regimes and internal displacement. This led to significant numbers seeking refuge in Australia, often after long stays in refugee camps. Many women have come to Australia under the provision of 'Women at risk' visas.

The 2011 Census recorded 21,760 Myanmar-born people in Australia, an increase of 75.8% from the 2006

Census. Distribution by state and territory showed Western Australia had the largest number with 7,456 followed by Victoria (5,607), New South Wales (5,159) and Queensland (1,897).

The main religions of the country are Buddhism (89.2%), Christianity (5.0%), Islam (3.8%).

CUSTOMS

A person's name is preceded by a number of different titles. *Ko* is the general title for an adult male. *U* (pronounced oo) precedes an older or well-respected man's name,

while *Aung* is used for younger men. A woman's name is preceded by *Daw*. A handshake is considered an acceptable form of greeting.

Shoes are usually removed before entering a traditional home. Displaying the soles of the feet is considered offensive, as is pointing feet at people or objects or touching people on the head. Public displays of affection between men and women are frowned upon. Small presents are acceptable and appreciated, although never expected.



FOOD

Myanmar people enjoy rice as their main food and it comprises about 75% of the diet. Rice is served with meat or fish, soup, salad and vegetables all cooked in their own ways, and some relishes to complement the meal.

During meals, all the dishes are laid out on the dining table and served together so that diners can make their own choices and combinations. Although the dishes are prepared in a variety of ways, the most common method is to cook meat or fish in oil, seasoned with pounded onion, garlic, ginger, turmeric, chili and spices, and simmer until all or most of the water evaporates. The essential and most popular condiment is a kind of relish made from preserved fish or prawn, served with chili powder.

Most traditional snacks, which are rich in variety and taste, are generally made with rice or glutinous rice. *Mohinga*, or rice noodle served with fish soup, is the favourite Myanmar dish mostly enjoyed at breakfast or on special occasions.

Laphet or pickled tea leaves with a dash of oil and served with sesame seeds, fried garlic and roasted peanuts, is another popular snack

typical of Myanmar. Chewing of Beattle Nut is common practice.

VISITING

When visiting a traditional Myanmar home a sign of respect is to place the hands in front at chest level and palms together. A slight bow of the head accompanies this gesture. Monks are at the top of the social ranking of people deemed worthy of respect. Next come parents' (mother and then father), teachers and elders. These people should be deferred to and never contradicted directly, in order to avoid awkward situations from developing, however unwittingly. The Myanmar people are known for their gentle friendliness.

CARE FOR THE ELDERLY

In Myanmar, religion and culture are closely linked and play a central role in the care for the elderly. Traditionally, care for the elderly has been considered as a noble practice. Younger family members serve the needs of the elderly with great pride. People live in extended families with the younger generation. The nature of the family structure enables the family to take care of the elderly who, in turn, also play a meaningful role as advisors and community leaders within their

capacities. The Myanmar society generally treats their elderly with great respect.

In addition to family care, there are two ways of taking care for the elderly in Myanmar. The first is the traditional way of caring. A Home for the Aged was first established in 1898 by Daw Oo Zonn, a well-known lady. Since then many homes for the aged have been established in various places in the country depending on the needs of the local community. Another model of care embraced in Myanmar is through the volunteering based home care program which was introduced to the country in 2004. International bodies have introduced home based and community based care services. Along with day care services all are considered appropriate in the Myanmar context as they are cost effective options for care.

END-OF-LIFE CONSIDERATIONS

Buddhists believe that those who die are reborn in a form that is in keeping with the merit they accumulated while alive. The cycle of death and rebirth is believed to continue as long as ignorance and craving remain.

The cycle can be broken only through personal wisdom and the elimination of desire. Funerals involve either burial or cremation. The ceremony includes a procession of monks and mourners who accompany the coffin to the cemetery or crematorium, with the monks chanting and performing rites. Funerals for monks tend to be elaborate, while those who have died a violent death generally are quickly buried with very little ceremony, since their spirits are believed to linger as malevolent ghosts.

KEY EVENTS

Independence Day	January
Union Day	February
Full Moon Day of Tabaung	March
Thingyan (Water Festival)	April
May Day	May
Full Moon Day of Waso	July
Full Moon Day of Thi Dyin Kyut	October
Full Moon Day of Ta Saung Mone	November



DID YOU KNOW?

There is a widespread superstition around cutting hair in Myanmar. No one cuts their hair on a Monday, Friday or on their birthday.



NETHERLANDS

BACKGROUND AND DEMOGRAPHICS

Dutch sailors were among the first Europeans to reach Australia in 1606 when the *Duyfken* became the first ship to chart part of Australia's coastline. The Dutch named the west coast of Australia 'New Holland' and many of their ships sunk or were disabled on the Western Australian coast. Aboriginal oral history conveys that survivors of Dutch shipwrecks came ashore and joined Indigenous communities. Dutch East Indies Company ships stopped visiting Western Australian shores in 1796.

In the early 19th century a few Dutch-born convicts were transported to Australia. A small number of free settlers also immigrated, and the gold rush drew increasing numbers in the 1850s.

It was not until from 1942 to 1945 that Dutch numbers increased significantly when Dutch military personnel arrived in Australia

to help with the defence and evacuation of Dutch residents of the Dutch East Indies. The Dutch East Indies and Australian government reached an agreement that all financial responsibilities, for Dutch women and children evacuated to Australia, would fall on the Dutch East Indies Administration.

After World War II, the government of the Netherlands actively encouraged emigration to relieve housing shortages and economic distress in Holland. The Netherlands Australia Migration Agreement (NAMA) of 1951 facilitated the immigration of Dutch people to Australia. The economic situation in the Netherlands improved in the 1960s, and the number of people immigrating to Australia began to decrease. Others already living in Australia chose to return to the Netherlands and, by 1981, the Netherlands-born population of Australia had fallen.

CUSTOMS

There are three main religions in the Dutch community in Australia—Catholic, Protestant and Calvinist Christians. Some traditional celebrations of the Dutch, irrespective of their religious affiliations are *Koninginnedag*, King's Day, which falls in April.

Remembrance of Dutch casualties in World War II is commemorated whereby the nation observes a minute's silence at 8 pm to honour those who died in the war.

Pasen (Dutch Easter) is celebrated in accordance with Christian traditions. They prepare festive breakfasts, brunches or lunches.

The Feast of Saint Nicholas (Sinterklaas) is celebrated on 5 December. Family members and friends exchange gifts on the Eve of Saint Nicholas' Day, while children receive gifts on his birthday (6 December).

On New Year's Eve, the Dutch reflect on the year that has passed and gather with friends rather than family members. The New Year is welcomed with champagne and fireworks and resolutions are made.

'Gezelligheid' (a sense of cosiness, atmosphere, sharing and company) is a key characteristic of Dutch culture. This concept is echoed in the décor of the home.

FOOD

Traditional Dutch foods include pea soup, kale stew, *hotchpotch*, a thick stew, white asparagus, french fries with mayonnaise, meat croquettes, and raw herrings. For breakfast Dutch usually eat several sandwiches with cheese, peanut butter, or chocolate sprinkles.

Lunch consists of sandwiches, often with cold cuts and perhaps a small salad on the side. Raw herring served with raw onion is extremely popular and in the Netherlands

this is sold everywhere by street vendors.

Dinner is usually a two- or three-course meal that often begins with soup. The main dish usually contains a mixture of potatoes with vegetables and meat, fish, or poultry and is followed by dessert. Due to influences from travels and colonial campaigns, Chinese-Indonesian, Surinamese, and Italian cuisines have now become part of the Dutch diet. Coffee has a strong social significance and neighbours often invite each other over for a cup of coffee.

Other traditional dishes include, *poftertjes*, similar to mini pancakes with sprinkled sugar. *Hagelslag* or *Muisjes*, which are chocolate sprinkles are usually eaten on bread. *Kroketten*, consist of rolled up leftover meat in a paste rolled in breadcrumbs and then fried.

VISITING

The Dutch are hospitable and enjoy having visitors. Unannounced visiting is not common, except between very close friends or relatives. When visiting, it is customary to shake hands with everyone present, including children. Dinner guests usually bring flowers or another small gift to their hosts.

CARE FOR THE ELDERLY

The Dutch prefer to be independent for as long as possible. They fear the loss of independence, the loss culture, and the loss of ability to have a choice of how to live. They usually will accept going to an aged care facility to live when they are unable to care for themselves and if there is no family members to care for them.

The Dutch believe family visits are important and it is expected that family visit often and check that quality care is provided. Dutch elderly often have a need to be closer to their roots and have someone to speak to in their native language. This can be difficult within families, as not all Australian-born Dutch children were encouraged to maintain their Dutch language and culture. *Aanpassen*, or fitting in, was a distinctive aspect of Dutch resettlement in Australia.

In public, most Dutch people seemed willing to get rid of, or at least cover up, any social characteristics defined as ethnic by Australians. Anglo-conformity became the hallmark of Dutch identity in Australia. These assimilation patterns made the Dutch somewhat invisible and saw them labelled 'model migrants'.

The Dutch believe that medical expertise is better in specialised facilities. Dutch-born people practice a Western model of health in conjunction with alternative therapies.

END-OF-LIFE CONSIDERATIONS

The Dutch accept death as a natural process. Medication is accepted to relieve physical discomfort. Spiritual needs and emotional support is provided by close family members, clergy and friends. Attendance at funerals is generally by invitation only, and the invitation will most likely only entitle you to take part in one specific part of the funeral process. The funeral process does not necessarily have to take place at the church. The funeral director approaches the family after a loved one has passed, asking if they prefer a cremation or a burial. Generally, a burial may take place around four days after the death.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
King's Birthday	27 April
National Liberation Day	5 May
Remembrance Day	4 May



DID YOU KNOW?

The Dutch are the tallest in the world with an average height of 184cm for men and 170cm for women. Some believe it's the combined result of DNA and dairy.



PHILIPPINES

BACKGROUND AND DEMOGRAPHICS

In the post-war period, many Filipinos came as students under the Colombo Plan and remained in Australia. In 1966 an immigration reform allowed well-educated, non-Europeans to migrate to Australia.

A large influx of Filipinos entered Australia during the 1970s as brides sponsored by Australian male residents. This was generated by the final demise of the White Australia policy and the declaration of martial law in the Philippines in 1972. The Australian Filipino population doubled every five years from 1966 until 1991. From the mid-1980s to date, skilled migrants and family reunion have been the major features of Filipino migration.

The Philippines is unique among Asian countries because it is the only nation that is predominantly Christian. Approximately 83% of the population belong to the Catholic Church, 6% belong

to the Philippine Independent (or Aglipayan) church, and 3% belong to various other Christian churches. The majority of Muslim people live mainly on the southern islands, particularly Mindanao. A number of Buddhists also live in the Philippines.

Filipinos have been influenced by the Chinese, Malay, Spanish and US cultures. Although casual and fun loving, Filipinos are sensitive people. Insincerity is easily detected and can ruin a relationship. Individualism is less important than the family.

CUSTOMS

Interdependence is more important than independence; a family member will often sacrifice personal goals or desires to help the family or another family member. In general, Filipinos have a more relaxed view of time and may not always begin meetings or appointments promptly.

Gratitude and saving face is paramount to Filipinos. Fatalism is a common attitude. Success may also be attributed to fate rather than ability or effort.

Conversation is generally casual during meals. The best way for a guest to compliment a meal is to eat heartily. A small portion is left on the plate to indicate that the person has eaten adequately.

FOOD

Filipinos cannot go a day without rice and it is not considered a meal if rice is not included. They have very regular eating habits—breakfast, mid-morning and afternoon snacks or *merienda*, lunch at midday and dinner.

Filipino food is not spicy, except for some specialty foods. Forks and spoons are used for dining. The food is eaten from a spoon. It is also acceptable to eat with your fingers.

Rice, the mainstay of Filipino cuisine, is prepared in a variety of tasty ways and is often included in desserts as well as main meals. The primary source of protein is fish, which is accompanied by a variety of vegetables and tropical fruit.

The traditions of Chinese and Spanish cuisines are present in Filipino cooking and have contributed to a unique cuisine, with variations across different regions. Some Filipino dishes are: *Sinigang*, a slightly sour soup made with meat or fish and a range of vegetables; *Nilaga*, meat bones simmered for a long time until tender and garnished with a range of vegetables and condiments; *Panchit Palabok*, rice noodles with prawns and *Kare Kare* an oxtail stew which is enriched with peanut butter.

VISITING

Initial greetings are friendly and informal. Because English is commonly used in urban areas, normal English greetings are acceptable. The common greeting for acquaintances and friends is *Komusta* or an expression which is loosely translated in English as 'How are you'. People are taught to show respect to each other. Proper titles are used (Doctor, Professor) or terms like aunt or uncle.

CARE FOR THE ELDERLY

Filipinos generally seek their families to look after them when they are sick or when they are no longer able to live at home. Separation from families by moving to a hospital or residential care facility can be very difficult. Visits by relatives, close friends and church friends are very important at this time. The latter are considered to be a part of the extended family.

END-OF-LIFE CONSIDERATIONS

Death and burial rights include a broad range of practices among Filipinos. Friends will come together at varying times over several days until the eve of the funeral to make the wake a most memorable one.

Viewings are acceptable to some families but not all. Families and friends look for emotional support at this time from all who are around them, including staff in facilities. Priests and Ministers of religion are important parts of these rites of passage as are church services, prayers and masses for the departed.



KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Labour Day	May
Independence Day	June
All Souls' Day	2 November



DID YOU KNOW?

Do you remember the 'yo-yo' toy? It was primarily made and used as a weapon for hunting in ancient Filipino times.



POLAND

BACKGROUND AND DEMOGRAPHICS

Polish immigration to Australia began in the 19th century and the largest group (63,000) arrived as refugees between 1947 and 1954. Post World War II, those that immigrated were usually ex-servicemen, prisoners of war and survivors of Nazi concentration camps and labour camps. In Australia, they worked under two-year contracts and many were employed on the Snowy Mountains Hydroelectric Scheme. These migrants survived torture and trauma at the hands of their oppressors.

Almost 15,000 Polish-born people came to Australia between 1957 and 1966 as refugees, fleeing the communist regime. The emergence of solidarity and martial law in Poland brought another influx of Polish refugees. Between 1980 and 1991, 25,000 Poles settled in Australia. These people were

different from earlier immigrants as they were mostly young, educated and married and they often brought their elderly parents to Australia.

The 2011 Census recorded 48,678 Polish-born people in Australia with the major religious affiliations among them being Catholic (36,121). There are also some Judaism, Eastern Orthodox, Protestant, Seventh Day Adventists and Jehovah Witnesses.

CUSTOMS

Polish customs and traditions are closely linked with European culture and have evolved around Catholic religious festivities. Significant holidays and traditional celebrations include Lent and Easter, when the blessing of food and painting eggs is widely practiced. In Polish tradition, name days or *imieniny* are more important than birthdays and are widely celebrated. The Polish calendar contains the names of saints and a number of names

are celebrated each day. Name day celebrations traditionally involve a gathering of friends and family at the home of the name day host, where dinner is served followed by drinking and socialising, similar to birthday celebrations.

The most popular religious worship is connected with the painting of *Our Lady of Częstochowa* or *Black Madonna*. Many religious items can be displayed in the homes of Polish people, including, rosary beads, a picture of the Black Madonna, pictures of Jesus Christ and a photo of the Polish Pope, John Paul II.

FOOD

Polish cuisine is similar to European cuisines, especially Eastern European. Poles like to eat potato and meat. On Fridays most Catholic Poles eat fish or other meat substitutes like buckwheat, barley or dumplings. Bread, preferably sour dough rye, is served with most meals.

Every day staple foods include potatoes, cabbage either fresh or sour and small goods, sausages, ham, pork, chicken and beef. Black tea with lemon and sugar or honey and herbal teas are the most popular drinks.

Some popular dishes are sour beet root soup or *barszcz*, cabbage rolls or *golabki*, dumplings or *pierogi*, doughnuts or *paczki*, pork rissoles or *kotlety* and *bigos* or sauerkraut.

VISITING

Unannounced visits among friends and relatives are common. More formal, longer visits are arranged in advance. It is proper to give to the hostess flowers for the first visit. Entertaining is traditionally done in the home because the hostess might wish to prepare certain special dishes. Moreover, going out is quite expensive. Dining in restaurants is reserved for special occasions and has become more popular over last few years.

Cafeterias, clubs and bars are well-liked places to get-together with friends.

CARE FOR THE ELDERLY

Most elderly Poles regularly attend mass in Polish Catholic Parishes. Polish priests and nuns provide pastoral care and support in people's homes and aged care facilities. Traditional family values and loyalty are very strong in most Polish households. The elderly play an active role in helping to raise grandchildren and it is traditionally accepted that children will look after their parents.

Families often consider it a moral obligation to care for their loved ones at home and they are reluctant and feel guilty about placing them in aged care facilities. Most Polish elderly prefer to stay in their own homes for as long as possible, regardless of their health status and financial circumstances. They often resist seeking help until facing a crisis point. This is a result of unwillingness to lose their independence and self-sufficiency and a sense of embarrassment at having to seek help from outsiders.

Among elderly members of the Polish community in Australia, there is a high proportion of childless couples, single-aged men and

widows. The Polish elderly are often socially isolated due to a general lack of chain or family migration and family reunions. In addition, due to the ageing population, existing community support structures either disintegrate or are no longer accessible as people's health deteriorates.

Polish migrants who arrived in Australia after experiencing the horrors of war were often teenagers or young men and women who were forced into Nazi labour and concentration camps. These people experienced violence and trauma. These experiences have affected them profoundly. War or war related experiences are usually rarely spoken about in many Polish families, especially those who arrived in Australia after World War II.

There exists a clear division of roles between husband and wife. There are also strong cultural expectations of women to be 'caregivers'.

END-OF-LIFE CONSIDERATIONS

Traditionally, the diagnosis of a terminal illness would not be communicated to the person concerned but rather to their families who then decide when and how or if at all, to convey it to the patient. Some may believe that if the prognosis is communicated

to the patient he or she may lose hope and the will to live. Polish people can at times display stoicism towards pain and may suffer in silence.

Some people turn to self-management, seeking homeopathic remedies, changing their lifestyle and eating habits. Most Poles have an acceptance of death and consider it as part of the life process. At the time of death most Polish Catholics, even those who are not regular church attendees, would wish to see a priest and receive Holy Communion and the Last Rites. Funeral customs are determined by the religious affiliation and wishes of the person or family.

Most people prefer burial and more recently some have accepted cremations. Graves of loved ones are visited at least yearly on All Saints' Day, (1 November), when flowers and candles are placed on the graves.

At the funeral and during mourning black is commonly worn. The majority of Polish-born people do not display grief in an open way. They tend to suffer in silence and are reluctant to seek support from professionals.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Labour Day	1 May
Independence Day	11 November
All Saints' Day	1 November
Assumption Day	15 August



DID YOU KNOW?

Poles have won a total of 17 Nobel Prizes (more than Japan, China, India, or Australia), including four Peace Prizes and five Pulitzer Prizes (in literature).

CASE STUDY

STAN'S STORY

Stan was a 91-year-old Polish man diagnosed with vascular dementia. He came to Australia in 1947 as part of the displaced person's migrant cohort. He worked at Sydney Water until his retirement. He lived in his own unit and was an active member of the local Polish community club. Stan was a practicing Catholic. He had a basic level of education and spoke English well. He married in his 60s.

Stan's wife came to Australia in the 1980s leaving her daughter behind in Poland. She had very limited English. She was a devout Catholic and had a well-developed circle of friends in her parish and among the Polish community.

STAN'S MEDICAL HISTORY

Brain injury in the 1960s, enlarged prostate, history of re-occurring UTI, incontinence (refusing to use continence products), deafness, unsteady gait, history of falls, hypertension, poor concentration, agitation, disturbed sleep patterns. Stan was able to comply with his regular intake of medication.

Perception of dementia – Stan's wife, his carer

Stan's wife, who was his carer, had a very poor understanding of dementia. Having her own health problems and suffering from an anxiety disorder, she often expressed her frustration of her husband's behaviours. She felt that he was doing this to make her upset or out of spite. This led to escalating conflicts between the couple and resulted in her seeking police interventions after rows and quarrels.

Experiences that led to seek a diagnosis

In 2005, Stan was admitted to hospital after he became lost when coming back home from the club. Police reported his behaviours as being erratic with occasional aggression. During his admission he experienced delusions and when tested scored 16/30 in the RUDAS. Further tests resulted in the diagnosis of dementia.

Behaviours prior to diagnosis and post diagnosis

Stan's wife reported aggression. Stan could be verbally abusive towards his wife. He admitted

pushing his wife because he stated that he “could not cope with her attacks and screaming”.

Persecutory delusions focusing on neighbours, wife, her friends and staff assisting with care. Refusal to take medications, regular visits to his GP to undertake medical treatment and fear of being forced to be placed in a residential aged care facility (RAFA) by wife.

Stan spent most of his days in local club and would come home late in the afternoon to avoid conflict with his wife.

Post diagnosis, Stan was in denial and refused to undergo a cognitive re-assessment.

The diagnosis of dementia did not change his wife’s behaviour towards him. Her aggressive, hostile way of communicating, attacking, raising voice and agitation contributed to Stan’s aggressive behaviour towards her.

She often called the police and accused Stan of domestic violence, asked for him to be taken away and locked up. She often spoke about the immediate need to place him in a RACF.

Access to services to assist in the management of the condition:

No service, especially those addressing behaviours and relationship issues were ever accepted.

Carer was not interested in accessing counselling services and or support from dementia behavioural management services. Carer was continuously denying her husband’s diagnosis of dementia and blamed him for being difficult.

Listed below are some strategies which were used by the Home Care Package provider to assist both Stan and his wife:

- Setting clear boundaries between the two packages of care provided – different days/ different staff
- Continuing education of carer about nature of her husband’s condition, including importance of appropriate communication. It was observed that Stan’s aggression was triggered by his wife’s behaviour and was never directed towards staff.
- Providing a lot of reassurance and emotional support to carer,

especially after her health deteriorated and she needed more care.

- Allocation of two case managers to manage each package. Both were reinforcing the need to respect dignity, privacy and independence of carer and care recipient as individuals.
- Providing advocacy on behalf of Stan to ensure that his needs and dignity as a person living with dementia were understood and met.
- Setting and reinforcing clear boundaries of appropriate behaviour for carer and care recipient towards each of them, especially in front and/or towards staff.

Note: Staff witnessed carer's aggressive behaviour towards Stan and was attempting to calm carer down and defuse conflict. It put a lot of pressure on staff. As carer was unable to distinguish between her part of package services and her husbands, at a certain point she was asked that she was not at home when the staff came to provide the service to her husband.

- Care staff who provided support to both carer and care recipient were experienced in supporting people with dementia and

challenging behaviours. Staff was provided with regular debriefing about strategies to manage challenging situations in this household.

- PAWA also worked very closely with Polish GP.

Outcomes of use of services for Stan and his wife:

- Introduction of service reduced tension and conflict between couple.
- Carer felt supported and acknowledged. Her anxiety reduced over time.
- Both care and care recipient's needs were separately addressed by individual HCP.
- Carer was supported through period of illness until she entered palliative care services.
- Stan continued to live independently at home with the support of HCP for another year after his wife passed away
- He experienced episodes of deterioration in his cognition and periods of increased delusion usually caused by re-occurring UTI. He was very independent and used services in a few aspects of his life: medical transport, personal care (occasionally), washing, heavier housework



PORTUGAL

BACKGROUND AND DEMOGRAPHICS

Portuguese sailors explored parts of the north and western coastline of Australia, most likely as early as 250 years before Captain James Cook's voyage of 1770. The Portuguese colony in Timor, located only 475 km north of the Australian coastline was established in 1516, and small numbers of Portuguese-speaking settlers started to arrive to Australia in the 19th century.

In the 1950s the number of settlers increased slightly with the arrival of some immigrants from Madeira. There was also an influx of migrants due to the return of troops following the end of the prolonged Portuguese colonial wars in Angola and Mozambique. In 1974, numbers increased with the return of expatriate Portuguese following the arrival of Indonesian troops in East Timor in 1975.

The 2011 Census recorded 5,328 Portuguese-born people in

Australia with the major religious affiliations being Catholic (13,200).

CUSTOMS

Portuguese-speaking people have a number of traditions and rituals that are celebrated according to their religious affiliation. All Saints' Day is an occasion for special reverence for those who have departed. Many Catholic families attend the Midnight Mass called *Missa do Galo* on Christmas Eve. On Christmas Day, carollers sing Christmas carols called *Janeiras*. People will greet each other with *Feliz Natal* or *Boas Festas*, which means Merry Christmas and happy holidays. The festivities end on 6 January.

Portugal has a long tradition in celebrating Easter. On Good Friday almost all Portuguese Christians do not eat meat. This fasting ends on the Saturday of Easter, with a traditional roast and festivities.

The family is the foundation of the social structure and the extended family is also quite close. The individual derives a social network and assistance from the family and loyalty to the family comes before other social relationships, even business.

FOOD

Portuguese cuisine varies greatly and depends on which area that person has migrated from. A kale and potato soup, generally flavoured with a slice of *chouriço* (spicy sausage), is popular. Also popular are grilled sardines and a traditional bread of the northwest called *broa*, which is made of grainy corn with a thick crust. The traditional wine is *vinho verde*. Fresh and cured pork is used in a number of dishes, and a stew of mixed meats and vegetables called *cozida à portuguesa* originated in the northwest and has become a national dish.

Fish and cheese are common, while seafood such as octopus, squid and eel are abundant. Other popular dishes include a form of *gaspacho* with bread and smoked pork, and a pork and clam stew cooked in a *cataplana* tightly sealed steamer. A traditional family meal is served on Christmas Eve which includes *bacalhau* with *molho verde*, a green sauce made with virgin olive oil. This is served alongside *couve* (cabbage) and boiled potatoes.

On the Twelfth Night, a *bolo rei* or kings' bread is served, often with a lucky coin in it. Coffee shops are popular places to meet friends, talk business, and study. Various styles of coffee are served, each with a special name.

VISITING

When visiting a family, guests wait outside the door until invited inside the home. Likewise, guests do not let themselves out when leaving but they let the hosts open the door.



Guests are expected to wipe their feet before entering. Guests usually avoid inquisitive personal questions. Guests often take small gifts to their hosts or send a thank you note after a dinner engagement.

CARE FOR THE ELDERLY

Elders and senior members of the family should always be shown respect and treated with dignity. There is a degree of saving face in Portugal and family honour and loyalty is of the utmost importance, and should always be respected. It is very common practice for family members to provide care and look after their sick and elderly relatives.

END-OF-LIFE CONSIDERATIONS

Dying and death is accepted as a fundamental part of life by most. The presence of a priest is important for Catholic Portuguese people to provide support to the dying person and family. Medication is usually accepted to reduce suffering.

The burial rites are conducted according to religious affiliation. Commonly, burial is carried out in local cemeteries and family graves are well tended by living kin. Mourning is signified by wearing black attire; a widow will generally wear black for the rest of her life, while other family members remain

in mourning for varying lengths of time depending on their age and relationship to the deceased.

Portugal is also characterised by various cults of death, for example, beliefs about souls in purgatory or incorrupt bodies. Such beliefs are not confined to rural areas.



DID YOU KNOW?

Portugal is home to the longest bridge in Europe, the Vasco de Gama Bridge. It stretches over 17 km and spans the Tagus River just outside of the city of Lisbon.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	(changes with Christian calendar)
Saints' Days, Corpus Christi, Assumption of our Lady	Varies
Carnival	February or March
Freedom Day	25 April
Labour Day	1 May
National Portugal Day	10 June
Proclamation of the Republic	5 October
All Saints' Day	Varies



SERBIA

BACKGROUND AND DEMOGRAPHICS

Following World War I, the Kingdom of Serbia united with other Balkan territories to form the Kingdom of Serbs, Croats and Slovenians. The Kingdom of Yugoslavia was formally named in 1929. Yugoslavia was occupied by the Axis powers and temporarily dismantled during World War II, when large numbers of people fled.

There were three waves of migration to Australia with Yugoslavs one of the largest groups migrating between 1948 and 1955 from Displaced Persons Camps in Europe. Many who came to Australia during this period were opposed to the newly formed communist regime in Yugoslavia. The second wave of immigration was due to the worsening economic situation in Yugoslavia, which included high unemployment in the 1960s and 1970s. During this time many Serbian Australians sponsored the migration of

relatives as the agreement between the Australian and Yugoslavian governments made the sponsorship process easier.

Many people had been working temporarily in Western Europe, particularly Germany, before immigrating to Australia. Between 1961 and 1971, the Yugoslavian-born population in Australia increased nearly threefold. The most recent wave of migration was in the 1990s by those escaping conflict in the former Yugoslavia.

Serbia is overwhelmingly Orthodox Christian, however, there is a significant number of citizens who are Catholic, Protestant, Muslim or Jewish.

CUSTOMS

Slava is the most important annual Serbian custom. It is a celebration of a family patron saint day, which is passed on from one generation to the next. Friends and family

gather in a festive spirit on this day. Serbians are proud of their history, diversity and rich cultural heritage. They are usually outgoing and value good humour and friendships. Serbians are generous, especially with guests.

FOOD

Serbian food is rich in flavour and influenced by neighbouring European cuisines, such as Austrian, Italian, Turkish and Hungarian. The Serbian staple diet relies on bread, fruit, meat, and dairy products, including yoghurt and cottage cheese. Strong black coffee is served throughout the day. Lunch is the main meal of the day and is commonly served at 3 pm.

Peppers are a common ingredient in many dishes. Other Serbian specialities include a type of cornbread, called *proja*, a cheese pie called *gibanica*, cabbage leaves filled with meat called *sarma*; *palacinke* or crepes, *burek*

is a layered breakfast pie made of cheese or meat, while *krompirusa* is a version made with potatoes.

Some other typical dishes are *cevapcici*, kebabs of spiced minced beef, *mesano meso*, a mixed grill of pork cutlet, liver sausage and minced meat patties with onions and *duvec* a Serbian stew. Salads are typically simple, consisting of peppers, onions and tomatoes seasoned with oil and vinegar.

VISITING

Serbians frequently visit one another, and it is an important part of the culture to keep close ties with family and friends. If you are invited to someone's home for dinner or *Slava* (the celebration of the family saint day), bring along a symbolic gift such as a bottle of wine and/or flowers. It is impolite to open the gifts with guests present.

CARE FOR THE ELDERLY

In traditional Serbian society sometimes three generations can live together, providing emotional and practical security. Older Serbs expect that the family will take care of them at home. This sometimes creates family conflict as younger people may not be able to provide sufficient home care. Sending the elderly to aged care facilities may appear insulting to the family honour.

END-OF-LIFE CONSIDERATIONS

In order to prevent a sense of abandonment and exclusion, family involvement is vital during times of illness. The concept of hospice and palliative care is not acknowledged in Serbia, where dealing with terminally ill people has been a family responsibility. In the Serbian community, it is preferred that the terminally ill person dies in the family home. However, if the person is in palliative care at the hospital or in an aged care facility, family members will generally make a constant effort to visit and care for them.

It is general practice for Serbian families to withhold informing the dying person of their diagnosis in an effort not to burden them.

Serbian families prefer to be informed of the diagnosis before deciding whether or not to notify the ill person.

When a person is near death, a priest is often called to say a prayer in aid of the person's suffering and to hear their Holy Confession. The closest family members will stay by the deceased's side immediately after death for a period of 24 hours or until the body is transferred to the morgue. Organ donation is not common in the Serbian community as the Orthodox Church teaches that the body should remain whole at burial, exiting the world as it entered. Female mourners may wear black clothes for one year or longer. Men may sometimes not shave for 40 days or longer and they might wear a black armband as a sign of mourning.

Given the importance of commemorating death and dying in Serbian tradition, elderly Serbian people and their family would have discussed funeral arrangements. For those who belong to the Serbian Orthodox Church, burial practices and ceremonies are conducted in accordance with the Orthodox religion, which does not allow for cremation. Many Serbian families want funeral arrangements to be made by specific funeral

directors who are familiar with Serbian traditions. Traditions include bringing food and drink to the cemetery on day of burial and 40-day remembrance).

KEY EVENTS

New Year	1 January
Orthodox Christmas	7 January
Orthodox New Year	14 January
National Day 'Sretenje' (Meeting of the Lord)	15 February
Orthodox Easter	Varies
Labour Day	1 May



DID YOU KNOW?

Serbia is the largest raspberry exporter, accounting for one third of all the raspberries in the world. Close to 95% of the world's top quality raspberries come from Serbia.



SLOVAKIA

BACKGROUND AND DEMOGRAPHICS

The first Slovak migrant recorded in Australia was a Jesuit priest sent to Australia in 1888 to undertake missionary work in the Northern Territory and later in South Australia. More significant numbers of Slovaks began to migrate in the late 1920s. In 1928, 160 Slovaks came to eastern Australia in search of work.

By 1939, about 350 Slovaks lived in Australia. This number increased to around 3,000 following World War II when many arrived as displaced persons. In the late 1950s, more than 3,000 Slovaks from the northern parts of Yugoslavia were permitted to migrate and came to Australia. After 1968 following the Prague Spring (Prague is the capital of the former Republic of Czechoslovakia), around 1,200 Slovaks, with relatives or friends in Australia, arrived. During the Soviet occupation of Czechoslovakia

around 6,000 immigrated to Australia from Czechoslovakia. Since the democratisation of Czechoslovakia in 1989 and its dissolution into separate Czech and Slovak Republics in 1993, there has been little migration of Slovaks to Australia.

The 2011 Census recorded 3,939 Slovakian-born people in Australia with the major religious affiliations among the Slovakian-born being Catholic (2,318) and Lutheran (178).

CUSTOMS

Slovaks are proud of their rich cultural heritage and value their national identity. They are friendly and open-minded people with a modern innovative outlook, while simultaneously having great respect for traditions. The most popular religious artifacts are connected with Catholic symbols and pictures of Holy Family and Saints are commonly found in elderly Slovaks homes.

FOOD

Traditional dinner on Christmas Eve is prepared and even today many Slovak families must have on the Christmas table, garlic, in order to ward off demons. There is also honey, wafers, nuts, cooked peas or French beans, dried fruit, and the main dish, cabbage soup with mushrooms. *Opekance* are small pieces of dough with poppy seeds and honey.

Slovak food is hearty and typically country-style food. It relies on meats, especially pork, potatoes, dumplings, thick sauces, cheese and vegetables. There is always cabbage, often in the form of sauerkraut. A typical feature of Slovak cuisine is its regional diversity, with traditional dishes for each area such as *pirohy*, a large ravioli, potato pancakes stuffed with savoury or sweet filling, roast goose, and fruit dumplings.

VISITING

Impromptu visits are common, but only between close friends and family members. Guests remove hats and shoes in a home; hosts sometimes provide slippers. Visitors wait for hosts to invite them to be seated. Invited guests often present the hosts with a gift of flowers, wine liquor, or something similar. However, do not offer chrysanthemums or other flowers wrapped in purple ribbons because of their association with funerals. Out of courtesy, guests often politely decline offers before eventually accepting them.

CARE FOR THE ELDERLY

Slovaks are fiercely independent and often rely on friends and family for support. They tend to enter services at crisis point and typically do not plan for future aged care requirements.

Slovaks are very reluctant to access residential care services. It is expected by elderly parents that their children will provide care and support. These expectations can often be quite unrealistic and can cause intergenerational conflicts.

Due to a reluctance to use interpreters and with little to no access to technology, older Slovaks may not have full access to information on service availability and their rights. This makes it difficult to determine where they may find appropriate services, leaving them particularly vulnerable to financial abuse.

Western medicine is practiced, although many individuals are turning to alternative medicines such as herbal and homeopathic remedies, frequenting medicinal spas and getting professional deep tissue massages.

Slovaks would traditionally attribute illness and misfortune to supernatural causes and sought people who would offer cures to diagnose their problems and to provide remedies. Through this tradition there is an extensive use of medicinal plants. For example, *Linden* or *Lipa* blossoms were collected and dried to make tea infusions.

END-OF-LIFE CONSIDERATIONS

In the Christian community, emotional and spiritual support is commonly provided by priests, family and close friends. Slovak Christians believe that the soul survives death and they bury the dead below ground in cemetery plots rather than cremating. Mourning lasts for nearly a year and traditionally adult daughters and widows wear only black or subdued colours during this time.

Funeral customs are determined by the Church and wishes of the family for Slovak Catholics and religious rituals include the administration of Holy Communion and Last Rites. Most Slovaks have a stoic acceptance of death as part of the life process. Family and friends remain with the dying person so that they do not feel abandoned. This shows a strong sense of loyalty and respect to their loved ones.

Following burial, mourners are invited for a *zanoga*, where drinks and food are served in memory of the person. Graves of loved ones are visited for years to come, particularly on All Souls' Day, when flowers and candles are placed on the graves.



KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
All Saints' Day	Varies
Establishment of the Slovak Republic	1 January
Labour Day	1 May



DID YOU KNOW?

Pop art artist Andy Warhol's parents were from Slovakia.



SLOVENIA

BACKGROUND AND DEMOGRAPHICS

Slovenians have been immigrating to Australia since the mid-19th century, when Slovenia was then part of the Hapsburg Empire. Slovene territory joined the Kingdoms of Serbs, Croats and Slovenes in 1918, renamed Yugoslavia in 1929. During World War II, the nation was invaded and fractured, but after the war Slovenia re-joined Yugoslavia. Many Slovenes opposed the new communist government and joined the influx of post-war refugees migrating to Australia.

The Slovenian-born community in Australia flourished during the 1950s, assisted by the Catholic Church. During the early 1960s a degree of liberalisation within the Yugoslav government saw economic immigrants from Slovenia begin to settle in Australia. After Slovenia became independent from Yugoslavia in 1991, the number

of Slovenian immigrants declined. Today, three-quarters of Slovenian-born Australians are aged over 50, reflecting the low level of immigration from Slovenia since independence.

The most common religion of Slovenians is Catholic, followed by Orthodox.

CUSTOMS

The Slovenian Franciscan Order plays a significant role in the life of the community in Australia. It founded three churches in Adelaide, Melbourne, and Sydney, for the pastoral care of Slovenian Catholics and social services extending to regional Australia.

As soon as Slovenians arrived in Australia, they met and started forming friendships and Slovenian clubs, where they could meet, converse in Slovenian language, enjoy Slovenian cuisine and sing Slovenian songs, recite poetry and

dance. The care for the elderly was established very soon after their arrival. They formed clubs, organised dances, meetings, picnics, celebrations, pilgrimages, and participated in many multicultural events.

Slovenians are egalitarian, yet interestingly their natural communication style tends to be indirect. However, they are quick to adapt their communication style to the person with whom they are conversing.

FOOD

Slovenians love breads and potatoes. Potatoes are served boiled, sautéed, deep-fried, or roasted, and are used in various dishes. Breakfast consists of coffee, tea, or hot chocolate, and rolls with butter and jam. *Zemlja*, a special type of hard roll, is especially popular. Some people skip breakfast and drink only strong coffee.

For lunch, the main meal of the day, people eat soup, meat, a main-course starch, vegetables, and a salad. Supper is a light meal with salads, yoghurt, and leftovers from lunch. Slovenians have many traditional dishes, often prepared for celebrations. One of their most genuine festive foods is a rolled yeast cake, called *potica*, with sweet walnuts, tarragon, raisins or salty with crackling or crisp pork fat fillings. *Potica* is served at Christmas and Easter. Among traditional meat dishes, *kranjske klobase*, sausages, similar to Polish *kielbasa* are well known, as are pork dishes or *koline* in winter.

VISITING

While family and friends enjoy visiting, it is customary to call ahead. It is very common to invite friends to the home, especially on Sundays and holidays. Guests may take a bouquet of flowers, a bottle of wine or a small gift for

the children. Refreshments such as coffee, juice, pastries or biscuits are generally offered, and visitors are careful not to stay too long. Hosts usually accompany the guests to the street or the car. In many Slovene households, it is a good idea to offer to remove one's shoes before entering the house.

CARE FOR THE ELDERLY

Generally, elderly Slovenian people prefer to stay in their own home until they die or at least for as long as possible. However, data indicates that due to the fear from becoming a burden to the family and the

lack of different non-institutional solutions, they choose to go to an aged care facility over staying at home when they can no longer care for themselves.

The willingness of family to care is very high. Family care, in cohabitation with the older family member, and caring for them is one of the main tasks of the family. Therefore, the biggest problem is not the willingness to care but rather the ability to care.

END-OF-LIFE CONSIDERATIONS

Slovenian burial arrangement practices are influenced by religious



and cultural traditions, costs and personal preferences.

These factors help determine whether the funeral will be elaborate or simple, public or private, religious or secular. They also influence whether the body will be present at the funeral, or if there will be a viewing or visitation. Decisions need to be made on whether the casket will be open or closed, and whether the remains will be buried or cremated. A type of funeral, often referred to as a traditional Slovenian funeral, includes a viewing along with a formal Slovenian funeral service, the use of a hearse (funeral car) to transport the body to the Slovenian funeral site and cemetery, and even burial, entombment, or simply cremation of the remains.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
Assumptions Day	Varies
All Souls Day	Varies
Labour Day	1 May
Statehood Day	25 June
Independence and Unity Day	26 December



DID YOU KNOW?

Over 400 bears make their home in Slovenia.



SPAIN

BACKGROUND AND DEMOGRAPHICS

Although Spanish seafarers began exploring the South Pacific in the 14th century, it was not until the gold rush of the 1850s that Spanish immigrants, mainly men, began to arrive in Australia. Over the next two decades, the number of Spanish women arriving tripled and a few more men also arrived.

Despite a military coup in Spain in 1923 and the Spanish Civil War of 1936–39, few Spanish refugees settled in Australia. Immigration Acts passed in the 1920s restricted the entry of Spaniards and other southern Europeans.

The Spanish-born population dramatically increased from the late 1950s, following the 1958 Spanish-Australian migration agreement. The agreement provided assisted passages to Spanish migrants, with many escaping poverty and hunger. Since the 1960s decades of economic improvements in Spain

coincided with a slowing of Spanish immigration to Australia. The Spanish-born community in Australia is ageing with 45% of its population being between the ages of 50 and 75. The community is supported by a number of groups and organisations providing counselling, community development and educational programs.

Although the 2011 Census recorded the total numbers of Spanish-speaking people in Australia as 117,493, not all were necessarily from Spain as there are 22 Spanish-speaking countries in the world.

The major religions among the Spanish-speaking communities are Catholic, Baptist and Anglican. In the last 20 years, there has been an increase in people who follow Evangelical Churches, in particular Pentecostals.

CUSTOMS

Some of the most significant and widespread events are those rooted in the religious calendar and traditions with many Spanish towns and cities having their own particular celebrations. Independence days are one of the most important celebrations of the year as are Christian festivities such as Saint Days, Easter and Christmas. Religious artefacts are mostly used by Catholic Spanish and are consistent with those of the Catholic Church.

FOOD

Spanish food is diverse due to the many cultures influencing its cuisine. As a gateway between Europe and Africa, the Mediterranean Sea and the Atlantic Ocean, Spain has been much fought over throughout history. The Greeks settled its coastal areas as early as the 8th century BC, while Celts occupied interior regions.

By the 2nd century BC, Spain was under Roman domination. In the early 8th century AD, the Moors or Arabs from northern Africa crossed Gibraltar and entered Spain, occupying it for the next 700 years before Christian kingdoms drove them out.

This long history of invasion is still evident in Spain's cuisine. Olives, olive oil, and wine are tied closely to Greek and Roman or Italian culture, while meat and fish pies show the Celtic heritage. Spanish cuisine includes vegetables, fruits, meat and poultry. *Jamón Serrano*, a cured ham, and *chorizo*, a seasoned sausage, are popular. Seafood and fish are popular in coastal areas. Other popular foods are cheeses, eggs, beans, rice, nuts (especially almonds) and bread (a crusty white bread baked fresh daily is common). Olive oil and garlic are common ingredients. Spain is also known for its wines, including the *rioja*, made in the northern provinces.

Sherry, a fortified wine that may be dry or sweet; and *sangria*, wine mixed with fruit and soda water.

The best-known Spanish dish is called *paella*, which originated in Valencia, an eastern province on the Mediterranean Sea. Rice is a main ingredient of this dish and is grown in Valencia's tidal flatlands. Though there are numerous variations, *paella* is usually made from a variety of shellfish such as shrimp, clams, crab, and lobster, *chorizo*, vegetables, chicken and/or rabbit, and long-grained rice. Broth, onion, garlic, wine and saffron add flavour. *Tortilla española*, a potato omelette, is served throughout the country.

VISITING

When meeting someone for the first time, it is appropriate to say 'good day' (*Buenos días señor/senora/senorita*) or 'good evening' (*buenas tardes*) and shake hands. 'Hi' or 'hello' (*hola!*) is used more among friends and young people. Older people are often addressed as *don* (male) or *dona* (female) following by their first name.

When guests are invited to a home they are usually expected to stay for only one to two hours. It is polite for a guest to take or send flowers, especially if the visit is a dinner invitation or if someone is ill.

On special occasions, hosts might give gifts to guests, which are opened immediately in the presence of the host as a sign of thanks to the gift giver. Spaniards generally act and speak informally and spontaneously, therefore it is not considered rude to interrupt someone when they are speaking.

CARE FOR THE ELDERLY

Family, immediate and extended, comes first. Family involvement is very prominent in the care for the elderly and older Spanish speaking people. It is a cultural expectation that parents and seniors will be cared for by their children and or relatives if needed.

Involving the family in all matters regarding their relative is encouraged and the family must be consulted about aged care needs where possible, especially during times of illness.

Due to past experiences with torture and trauma following their experiences under the regime of General Franco in the Spanish Civil War, some people may be suspicious of aged care staff coming into their homes and may even be reluctant to seek help outside their family.

END-OF-LIFE CONSIDERATIONS

Traditionally, Spanish-speaking people prefer to die at home. It is important for family members and close friends to see their loved ones during their final hour. Family needs to be involved at all stages of the decision-making process. The role of the family has a strong influence on anything relating to their loved one's health care—it is the expected norm. The family prefers to be given the diagnosis/prognosis before their loved one.

Death is viewed as a family and communal affair and it is standard practice for friends and relatives to visit the mourning family in their family home to pass on their condolences and to bring flowers. Burial practices and ceremonies are conducted in accordance with the religious beliefs of the deceased, in essence to celebrate their life.

KEY EVENTS

Christmas	25 December
New Year	1 January
Easter	Varies
St Joseph the Workman	1 May
King Juan Carlos Saint's Day	24 June
National Day	12 October
Constitution Day	6 December
Catholic holidays and Saints' days, fiestas	Varies



DID YOU KNOW?

Spanish is the second most spoken language in the world, with 329 million native speakers worldwide.



SRI LANKA

BACKGROUND AND DEMOGRAPHICS

Sri Lankans, formerly known as Ceylonese, have been settling in Australia since the 19th century, immigrating as labourers or gold prospectors.

The Sri Lankan-born community in Australia is made up of three main ethnic groups—the British, Dutch and Portuguese—collectively known as Burghers who are the direct descendants of European colonisers, and the Sinhalese and Tamil communities.

The Burghers, being of European descent, were welcomed under the terms of the White Australia policy. The community began to increase after World War II. Sri Lanka gained independence from England in 1948 many more Sri Lankan Burghers began to immigrate to English-speaking countries, including Australia.

Tamil-speaking students arrived from Sri Lanka under the Colombo Plan following the Second World War. The end of the White Australia policy in 1973 saw increasing numbers of Sinhalese and Tamil settlers in Australia. In the 1970s mainly Sinhalese and Tamil professionals migrated to Australia due to political unrest in their country.

During the 1980s, migrants from Sri Lanka were mainly Tamil-speaking. They arrived as humanitarian entrants, later sponsoring family members under the Family Reunion Program. Subsequently, Sri Lankan-born arrivals have come to Australia under the Family Reunion Program, or as Skilled or Independent immigrants.

The majority of Sri Lankan people in Australia live in Victoria and New South Wales. There has been around 52 years of civil unrest in Sri Lanka, which ended with an uneasy truce in 1995.

It is important to remember that there is also a southern Indian-born Tamil community in Australia.

CUSTOMS

Nearly 70% of the population practice Buddhism and about 15% practice Hinduism. Freedom of worship is guaranteed by the Sri Lankan constitution.

The majority of Sinhalese are Theravada Buddhist and majority of Tamils are Hindu. There is a minority Muslim community that is Tamil-speaking. The majority of European descendants (Burghers) are Christians.

Forms of greeting vary between different cultural groups. The traditional greeting of placing one's palms together under the chin and bowing the head slightly is widely practiced. A handshake is also acceptable. Titles are important to Sri Lankans and it is proper to address acquaintances by their titles.

Objects are passed using the right hand or with both hands. As with many Asian cultures, the head is considered the most sacred part of the body. The soles of the feet are the least sacred. One should not touch a person's head, nor should one use one's foot to point at a person or an object. Women are forbidden to touch a Buddhist monk. Pointing with the index finger is impolite. Beckoning is done by waving all fingers with the palm facing down. The different religions of the country play a large role in determining what can be eaten.

Sri Lankans, of all religious groups, seek to avoid issues that would cause spiritual pollution. Because food enters the body, it is considered a prime source of potential pollution. Those that adhere strictly to Buddhist doctrines do not eat flesh of any kind. Some Buddhists, however, include fish or eggs in their diet.

Hindus do not eat beef or pork and Muslims do not eat pork.

FOOD

Rice is the staple in the Sri Lankan diet and is the basic food for all meals. Each ethnic group is known for its own dishes, but each has also borrowed from the others over time. This makes Sri Lankan cuisine a combination of cultural foods. A variety of curries are popular, from mild to very spicy. Sri Lankans typically consume little meat, but they do eat large amounts of pulses (peas and beans) and nuts. Tea is served with most meals and as refreshment.

VISITING

Sri Lankans are very hospitable. If refreshments are offered by the hosts, it is impolite to refuse them. In some homes, it may be appropriate to remove one's shoes before entering. At Buddhist temples, shoes are removed.

CARE FOR THE ELDERLY

Traditionally elderly Sri Lankan people have been supported by their extended family. However, this has reduced in recent times. Sri Lankan-born people are

generally familiar with government provided services and resources for the elderly.

General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally higher than other groups and similar services were provided by the government in Sri Lanka.

END-OF-LIFE CONSIDERATIONS

Sri Lanka has several funeral customs depending on religious affiliation. Buddhists and Catholic embalm the bodies and have a wake at home for a few days before the final burial/cremation. Buddhists wear white as it is a sombre colour within their culture.

Buddhist traditions in Sri Lanka include remaining with the corpse in the home for 24 hours, and this can include non-immediate family members. Activities such as chatting, playing cards or *carom* is carried out to pass the time. Once the deceased is taken from the home to the cemetery there are several religious proceedings. If the deceased is cremated, the ashes may be collected to be scattered in a river or buried somewhere, but is never brought back into the home.

KEY EVENTS

National Day
Buddhist New Year
Vesak (Buddha Day)
Poya Day
Ploughing Festival
Festival of the Tooth
Deepabli
Sinhala
(Tamil New Year)
Ramzan Festival



DID YOU KNOW?

When Sri Lankans say 'yes', they do not nod their heads up and down but rather shake it from side to side, so it looks as if they are saying 'no' instead.





TURKEY

BACKGROUND AND DEMOGRAPHICS

The first Turkish immigration to Australia was recorded in the 19th century but the first significant migration wave was not until 1967, following a bilateral agreement between the Turkish and Australian governments which assisted migration.

Turkish migrants were the first major Muslim religious group to arrive in Australia post-World War II. The annual intake of assisted settlers from Turkey remained consistently high until 1974, when family reunion became the main reason for migration. The Turkish migration to Australia was growing rapidly until the early 1980s, when there was a sharp decline. The growth resumed in the second half of 1980s due to high inflation and unemployment in Turkey. During this period, migrants from Turkey have been admitted mainly through the Family Migration program, with

a small number with educational or professional qualifications through the General Skilled Migration.

The 2011 Census recorded 32,845 Turkish-born people in Australia with the major religious affiliation being Islam (25,311).

CUSTOMS

Islam is the main religion, prescribing a way of life, which includes a dress code and five sessions of a prayer each day. For most Turks, Islam plays an important role in rites of passage. These include naming shortly after birth, circumcision for boys, marriage, and funerals.

The Muslim month begins with each new moon. For this reason, the Muslim year is 10 days shorter than the Western or European year. This accounts for the changing dates of Muslim festivities. There are two major religious periods—the first is *Ramazan* followed by

Kurban. *Ramazan* involves a month of fasting, between dawn and dusk. At the end of the month Muslims rejoice by wearing new clothes and exchanging gifts, and each household prepares Turkish desserts to serve their visiting friends and relatives. Following *Ramazan* is the Feast of the Sacrifice, *Kurban*.

FOOD

Turkish cuisine includes many different stews of vegetables and meat, primarily lamb and beef, *borek*, *kebab*, and *dolma* dishes. Bread is eaten with almost every meal. Turks are especially fond of eggplant. *Borek* is a pastry made of many thin layers of dough with cheese, spinach, and/or ground meat. *Kebab* is the common word for meat roasted in pieces or slices on a skewer or as meatballs on a grill.

Dolma is the generic name for dishes made of vegetables such as tomatoes and capsicums and leaves such as grape, cabbage, and eggplant that are stuffed with or wrapped around rice or bulgur pilaf, ground meat and spices. In the winter, many Turks eat a breakfast of bread with hot soup. In the warmer seasons, they commonly eat bread and jam, hard- or soft-boiled eggs, a white cheese made from sheep's milk, salty olives, and warm milk, hot tea with milk or Turkish coffee. Pork is forbidden to Muslims.

The Qur'an states that Muslims dress with modesty. For many Muslim women this is interpreted to mean covering themselves from the head to foot except for their hands and face. Men should be covered from waist to knees. However, some modern Turks wear Western-style clothing.



VISITING

Turkish people enjoy visiting friends and family, and hospitality is an integral part of the culture. Many Turks remove their shoes when entering a home and replace them with slippers. Guests are expected to do the same at homes where this custom is followed. Visitors are expected to bring a pleasant presence to the home; bad news or accounts of problems are saved for

other occasions. First-time visitors to a home may bring a small gift, such as sweets, fruit or flowers.

CARE FOR THE ELDERLY

Traditionally, the family undertakes primary responsibility in caring for the elderly. They often consider it a moral obligation to care for their loved ones at home and can be reluctant to place them in a residential care facility. Personal

care needs to be provided by a person of the same sex.

END-OF-LIFE CONSIDERATIONS

The preferred place of treatment is at home, if possible. Staff should give the diagnosis/prognosis to close family members first, since some patients will not be able to cope with the news. The news is given to close family but not normally to friends. Some families would make decisions about how the patient should be receiving treatment. The family will usually provide support, if possible. Islam encourages burial as soon as possible, preferably on the day of death.

The body should be handled as little as possible, ideally only by members of the same sex, who are also Muslim. The body must be handed over to the Muslim community as soon as possible to allow burial and washing rituals to be performed. The body is wrapped in a shroud.

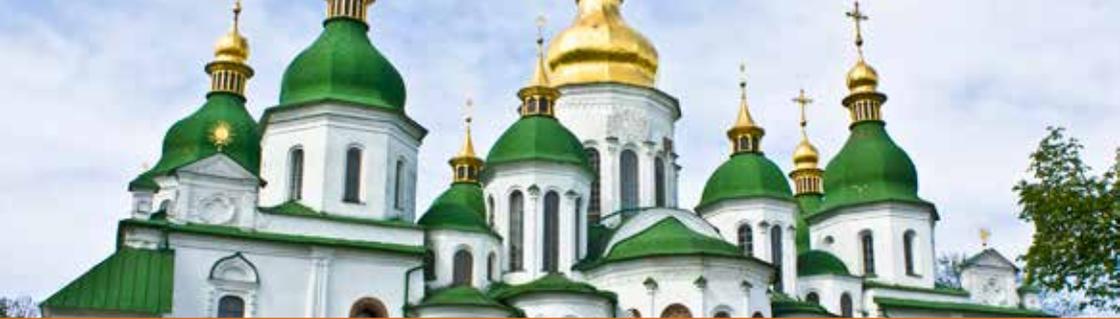
KEY EVENTS

National Sovereignty and Children's Day	23 April
Labour Day	1 May
Youth and Sports Day	19 May
Victory Day	30 August
Republic Day	29 October
Ramazan bayram	Varies
Kurban bayram	Varies



DID YOU KNOW?

Istanbul is the only city in the world spanning two continents – Europe and Asia. Only 3% of Turkey lies in Europe.



UKRAINE

BACKGROUND AND DEMOGRAPHICS

The first Ukrainian migrants settled in Australia in the 1860s. Up to 5,000 Ukrainians are believed to have arrived in Australia prior to World War I, along with a larger group of Russians, who were workers on the Chinese Eastern Railway, completed in 1902. Many lived in Brisbane where they were politically active. A large number also returned to Ukraine at the outset of the Russian revolution, during which control of Ukraine was fought over by Germany, Austria and Russia.

Following World War II, in 1948, the first Ukrainians arrived from Displaced Persons Camps in Europe. They came to Australia on assisted passages which included two-year work contracts with the Australian Government. Among the migrants were priests, lawyers, doctors and engineers, but the vast majority were people from a rural background. The 1947 Census did

not list Ukraine as a birthplace, but the 1954 Census recorded 14,757 Ukrainian born.

There was also limited migration of Ukrainians from communities in Poland and Yugoslavia. Migration from Ukraine increased following its independence from the former Soviet Union in 1991.

The 2011 Census recorded 13,990 Ukrainian-born people Australia, with the major religious affiliations being Eastern Orthodox (4,236), Judaism (3,353) and Catholic (2,387).

CUSTOMS

Ukrainian Orthodox and Catholic Churches share historic, ritual and national heritage. Church is very important to elderly Ukrainians and regular attendance at Church and all traditional rituals are followed.

Services in Orthodox Church are usually sung and are quite solemn. Communion is performed

by sharing bread and wine. The gesture of making the sign of the cross with three fingers three times is made during prayers. The priest holds a position of great authority within the older community and many social activities are organised by Church.

Easter is celebrated on different days depending on whether the person is Orthodox or Catholic. Traditional *Pysanki* or painted eggs are made, as are *Kulich* which are special Easter cakes. Making these eggs can be a long process and they are proudly displayed at the centre of the table rather than consumed.

Singing Christmas carols is a popular tradition in Ukrainian communities and Christmas Eve is the most important part of Christmas. Its main feature is the evening meal known as the Holy Supper, which contains 12 dishes, symbolic of the 12 apostles who gathered at the Last Supper.

Some Christian Ukrainians keep icons, for example, a devotional painting of Christ or another holy figure, in a central location in the home. Though much of the icon's value is traditionally biblical, the origins are firmly rooted in legends and folklore and unique in both its rich colour and floral design.

Traditional national dress is made and worn at special occasions, such as choirs and folk dance groups.

FOOD

Food is an important aspect of the Ukrainian culture. Special foods are eaten at Easter and Christmas. During Christmas celebrations people prepare *kutia*, a mixture of cooked wheat groats, poppy seeds, honey, and special sweet breads.

An average Ukrainian diet consists of fish, cheese, and a variety of sausages. Head cheese or *brauwn* is also quite popular in Ukraine, as well as *kolbasa* (a type of sausage).

Typically, bread is a core part of every meal and must be included for the meal to be complete. Ukrainians often toast to good health, linger over their meal and engage in lively conversation with family and friends. They will often drink tea, coffee or wine afterwards with a simple dessert, such as a fruit pastry.

Popular foods in Ukraine include *salo*, *borscht*, *sarmale*, chicken kiev, *pierogi*, *pilaf*, *vareniki*, *paçzki*, and *crêpe*.

VISITING

There is a strong tradition of hospitality in Ukraine and people welcome both expected and unexpected visitors. However, people prefer to receive advance notice when possible, even if this means five minutes. When friends, neighbours and relatives visit, tea and coffee are always served with some light refreshments. An abundance of food is served to the invited dinner guest and one is expected to stay for a while after the meal. Guests will bring flowers (in odd numbers, avoiding even numbers and yellow flowers), cake or a bottle of liquor to the hosts. Chocolate, sweets or toys may be given to children. It is etiquette to stand when a woman enters the

room. Men should take off their hat when inside.

CARE FOR THE ELDERLY

Family relationships are very important in the ageing Ukrainian community. Families are expected to care for the sick and elderly at home and it is considered part of the family's duties. Health practitioners are highly respected and appreciated. Families may be reluctant to question medical authority or to express any complaints, difficulties or concerns that they may have with service providers.

END-OF-LIFE CONSIDERATIONS

Close family assemble when death is imminent. All requests are attended to in a peaceful and quiet way and conversations are subdued, for it is believed that a silence broken makes dying more difficult.

Preparing for death is considered extremely important. A central folk belief, which is supported by Orthodox Christianity, is that existence on Earth is but a transient state. Humankind's permanent abode is in the world beyond. Some people believe that saying goodbye to the dying is a way to

acknowledge that the deceased is now in the place of truth, while the rest will remain guests in the world.

Ukrainians observe ancient funeral traditions in a faithful manner. A collective get-together follows funeral services and is repeated on the 9th and 40th days and then again at 6 and 12 months.

An annual remembrance day called *Provydy* on the Sunday following Easter sees families gathering at ancestral graves to again bear homage to the souls of the departed. Its Christian symbolism represents Christ's victory over death. Its pre-Christian roots are attuned to the rebirth of nature in the spring and to an ancient ancestor's cult.

KEY EVENTS

New Year	1 January
Christmas	25 December
Easter	Varies
International Women's Day	8 March
Independence Day	24 August



DID YOU KNOW?

Ukrainians wear their wedding ring on the ring finger on their right hand instead of their left hand.



URUGUAY

BACKGROUND AND DEMOGRAPHICS

The first migrants from La República Oriental del Uruguay arrived in Australia during the 1960s, when Uruguay was experiencing a period of economic deterioration and increasing political instability. The beginning of the Tupamaros guerrilla campaign in 1967 exacerbated political tensions, which led to the introduction of new security laws that were later used to justify civil rights abuses.

The 1970s saw rising unemployment and government repression of opponents. After the military seized power in 1973, an estimated 400,000 people fled Uruguay, some of whom eventually settled in Australia. Even after Uruguay returned to democracy in 1984, the Uruguayan-born community in Australia continued to grow, reaching its peak in 1991.

CUSTOMS

Uruguayans are quite traditional and do not welcome criticism from foreigners. They also do not appreciate being confused with Paraguayans or Argentineans. Otherwise, people are friendly and easy going. Although tactful, people are frank and direct and maintain a close distance when speaking. Close acquaintances of the opposite sex greet each other with one kiss on the cheek.

Most Uruguayans are Catholic. There is a sharp separation between church and state. Many religious holidays have even been given secular names. Christmas, for instance, is widely referred to as Family Day. Similarly, Easter Week is known as *Criollo* Week. Perhaps the most celebrated holiday in Uruguay is Carnival. This is a week-long celebration that marks the beginning of Lent. Many of Uruguay's festivals celebrate its cattle-raising heritage.

FOOD

Not surprisingly for a cattle-producing country, the consumption of beef is featured prominently in Uruguayan cuisine. The national dish is the *asado* (barbecued meat) and *churrasco* (grilled steak). Also very popular are *chivitos* (hot steak sandwiches), which are topped with bacon, eggs, cheese, lettuce, and tomatoes. A unique snack is wedges of *fainá*, a chickpea flour pancake. The *parrillada* (beef and entrails) features as a typical Uruguayan dish. Pork sausage is usually served as an appetiser.

As a result of Italian immigration to Uruguay in the late 1800s and early 1900s, pasta is now a national food. Sunday is the preferred day for eating pasta. Most home cooking has a Spanish influence, and meals almost invariably include soup. People consume large amounts of bread and ship biscuits or *galleta*

marina, which are mostly made of white flour. Many consume dairy products, including the national dessert, *dulce de leche*. Other popular desserts are pastries, milk and egg pudding, and rice pudding.

Mate, a strong tea-like beverage, is made by infusing coarsely ground leaves of Yerba mate with hot water in a gourd and sipped through a metal straw with a terminal filter or *bombilla*. This favourite beverage is consumed at home, at work, at the beach, at soccer games and in public places.

CARE FOR THE ELDERLY

Uruguayan culture is similar to other South American countries in that it is commonplace for multiple generations to live under one roof, sharing a home and all the duties that come with maintaining one. The oldest generation is often relied upon to assist with caring for the youngest, while the middle

generations go to work. Therefore, older family members remain thoroughly integrated well into their last days.

The decisions and behaviours of each individual in the extended family are based largely on pleasing the family. Decisions are not to be made by the individual without consulting the family first. Failure of the clinician to recognise the extended family can potentially lead to conflicts, non-compliance, dissatisfaction with care, and poor continuity of care.

Sometimes there can be a delay in making important medical decisions because extended family consultation can be time consuming. To gain the trust and confidence of the patient or elderly person, it is important to solicit opinions from other family members who may be present and give ample time for the extended family to discuss important medical decisions.

END-OF-LIFE CONSIDERATIONS

When a Uruguayan person dies, relatives meet in the funeral home prior to the burial. Some of them escort the coffin to the cemetery. Mourners may dress in black for at least the day of the funeral. After a funeral ceremony, the deceased is buried in a cemetery or, more commonly, placed in an above-ground niche or mausoleum.

KEY EVENTS

New Year	1 January
Labour Day/May Day	1 May
Independence Day	25 August
Christmas Day	25 December



DID YOU KNOW?

Uruguay is the only country that keeps track of 100% of its cattle.





VIETNAM

BACKGROUND AND DEMOGRAPHICS

Vietnam was part of French Indochina from 1887 until its occupation by Japan in 1940 during World War II. In September 1945, following the end of World War II, Ho Chí Minh declared Vietnam's independence. However, France reclaimed its control until local rebellion led to the French Indochina War.

After the French were defeated in 1954, and under the Geneva Accords, Vietnam was provisionally divided at the 17th parallel, with a communist government in the north and an American-recognised government in the south. From 1975, most Vietnamese migrants arrived in Australia as refugees or humanitarian entrants under the Family Reunion Scheme (around a quarter of the Vietnamese were of Chinese ancestry). It was a difficult experience for the Vietnamese having to resettle in their new

homeland, struggling to rebuild lives and facing difficulties including prejudice and discrimination. There were also significant numbers of Vietnamese people who had no family in Australia.

The Vietnamese now form one of the largest and most visible migrant communities in NSW. Vietnamese Australians maintain strong links with Vietnam through family, culture, religion and business ties. The 2011 Census recorded 185,039 Vietnamese-born people in Australia, with the major religious affiliations being Buddhism (104,066) and Catholic (39,895).

CUSTOMS

Most Vietnamese practice ancestor worship. Vietnamese people usually have a small altar at home with photos of the deceased. Each day, incense is lit and prayers are held.

Vietnamese Lunar New Year, known as Tết, is a significant festival.

It is held on the first day of the first month of the lunar calendar. When celebrating Tết, family members gather to pray before the ancestral altar and share a banquet in memory of the deceased. They also visit relatives and friends and offer each other formal Tết greetings. A usual custom is to give *Lì Xì* or lucky money to children. Relatives will fill red envelopes with small bills and give them to children in the family the day of Tết as a sign of good luck. Children are supposed to display their respect for their elders before receiving the money. Tết sweets and Tết cakes (sticky rice cakes), known as *Bánh Tết* or *Bánh Chung*, are customary at this time.

Vu Lan, or Vietnamese Mother's Day, is an important festival—second only to the Tết celebration. It falls on the fifteenth day of the seventh month of the lunar calendar. Important symbols in Vietnamese culture include dragons, turtles, lotuses and bamboo.

FOOD

Vietnamese people enjoy a wide variety of raw and fresh vegetables, fresh herbs and fruits. Vietnamese people eat less meat and seafood and often have three meals a day with rice eaten at almost every meal. Buddhists do not eat meat or seafood on certain days of the month.

A typical meal for the average Vietnamese family includes steamed long-grain white rice, fish/seafood, meat, tofu (grilled, boiled, steamed, stewed or stir-fried) with vegetables and *canh* (a clear broth with vegetables and often meat or seafood) or other soup.

Dipping sauces and condiments depend on the main dishes and include pure fish sauce, ginger fish sauce, tamarind fish sauce, soy sauce, salt and pepper with lime juice or chilli and salt. Small dish of relishes, such as salted eggplant, pickled white cabbage, pickled

papaya, pickled garlic or pickled bean sprouts are also served. Desserts, such as *chè*, or fresh fruit are common.

All dishes, except individual bowls of rice, are communal and are to be shared in the middle of the table. It is also customary for the younger to ask/wait for the elders to eat first and the women sit right next to the rice pot to serve rice for other people.

VISITING

In Vietnam, because the majority of people do not have telephones, people drop in on one another all the time. The Vietnamese have a very strong sense of hospitality, but do not like to be visited by 'outsiders' unexpectedly because they do not like their private life to be exposed. On special occasions such as New Year's days, death anniversaries, weddings, or celebrations, gifts are an expected part of courtesy. Flowers are welcome on some occasions, but incense is only appropriate for deaths, anniversaries and temples.

CARE FOR THE ELDERLY

There is an expectation that the family will care for their sick or elderly parents. Older people have to rely heavily on their children

for transport, communication and social support services. Many elderly people live alone and they are very reluctant to use mainstream services or enter nursing homes.

END-OF-LIFE CONSIDERATIONS

Traditionally, Vietnamese people prefer to die at home. It is important for relatives and friends to see the face of their loved one in the last minutes of life. Organ donation may be seen as meritorious in future lives, creating good karma.

It is important to discuss end-of-life care with both the patient and the family. Occasionally reference to the word 'death' is avoided as it is thought it may hasten the event. Hospitalisation is generally accepted by the Vietnamese elderly but home is strongly preferred. When a death is about to occur, family and close friends will gather around in silence and pray. As many Vietnamese Buddhists believe in reincarnation, the body of the deceased should not be touched or moved for eight hours. It is important for the 'soul' to leave the body 'contented' so that it may have a favourable rebirth.

The family should be offered the opportunity to have a priest

present to administer Communion and the Last Rites, or a Monk to perform Buddhist rituals. Prayer or consultation with monks will be commonly sought. Many Vietnamese Buddhists prefer cremation, storing the ashes in a temple along with a photo of the deceased.



DID YOU KNOW?

The Vietnamese language has six different tones. A change in tone changes the meaning of the word. This makes the language fairly challenging to learn.

KEY EVENTS

Vietnamese Lunar New Year	January–February
Trung Tu Moon Festival Lunar calendar	August
Vu Lan Buddhists pray for deceased	15 July
Labour Day	1 May
National Independence Day	2 September
Christmas Day	25 December

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SOURCE LIST

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www.10-facts-about.com

A GUIDE TO WORKING WITH INTERPRETERS

How do you identify which language the person speaks before requesting an interpreter?

Sometimes the language needed is conveyed to you in advance or the patient/client brings a card naming the language required. However, you may need to seek this information from the person or via an accompanying relative.

Professional interpreting is a specialised skill requiring extensive training. Be aware that relatives or bilingual people may:

- edit and interpret information subjectively
- be unfamiliar with medical terminology
- be unaware of the importance of confidentiality.

Check for understanding by:

- using open-ended questions
- clarifying questions or statements
- asking questions clearly
- avoiding jargon and slang.

Make sure to:

- speak directly to the client in the first person
- use short sentences
- allow the interpreter time to clarify
- avoid private conversations with the interpreter

If you decide an interpreter is required, you will need to arrange one after consulting with the patient/client, their carer and/or family. Remember the interpreter is there to enable you to do your job competently, not only for the patient/client.

Before an interview

Arrange a place where the interview can be conducted in private and allow for extra time.

Arrange the seating to allow for easy communication and brief the interpreter prior to the interview where possible.

Ask the interpreter for any cultural factors that may affect the interview but remember that interpreters do not consider themselves to be cultural experts.

CULTURAL ASSESSMENT CHECKLIST

VERBAL COMMUNICATION

What language does the individual prefer? Would the person prefer an interpreter?

What language does the individual prefer to receive in writing?

Are there any topics regarded as forbidden, unsavoury or taboo?

NON-VERBAL COMMUNICATION

Is eye contact considered polite or rude? What personal space is acceptable?

When, where and by whom can physical contact with the individual occur?

Are there certain facial expressions or body gestures that have specific meanings?

CARERS AND FAMILY

Who is considered family?

What impact does the person's care needs have on the family?

Who is considered the head of the family?

Does the individual and family hold the elderly in positions of authority?

Who in the family should you discuss the individual's care needs with? Who should you NOT discuss certain topics with?

How does the individual and family view disability or dementia?

Does the word 'carer' translate into the individual's preferred language?

How are the elderly cared for within this family and this culture?

CARE FOR THE ELDERLY OR PEOPLE WITH DISABILITIES

Does the individual and family treat the elderly with greater respect?

How does this family and this culture care for a person with a disability?

ACTIVITIES OF DAILY LIVING

Are there special routines or rituals associated with personal hygiene?

Are there any restrictions on who can help with daily activities based on their gender, age or class?

How important is protecting one's modesty? How is modesty shown?

Are there any rituals or practices that must be observed?

DECISIONS

How are decisions made in this family?

Is there an individual orientation or a group orientation to decision making? Who is consulted on decisions and on what topics?

USE OF RESOURCES

How are resources distributed or used within the family?

Is there an individual orientation or a group orientation to the ownership of resources?

Are certain resources owned by the family and others, or by the individual?

ETIQUETTE AND SOCIAL CUSTOMS

How would you like to be addressed? (the individual, carer and family members)

What behaviour is expected of guests?

Is it polite to engage in small talk before getting into a purposeful conversation? Should discussions to be direct, subtle or indirect?

RELIGION AND SPIRITUAL PRACTICES

Are there any religious or spiritual practices our service can help the individual to maintain, such as worship and prayer times?

Are there any religious items the individual likes to keep close at hand?

MIGRATION HISTORY

Why did they come to Australia?
What was the journey like?

What were their experiences when they arrived? Did they have any family members here?

Migrants often grieve for the loss of their homeland, family and identity. Was this grief exacerbated due to political instability and/or trauma?

DEGREE OF ACCULTURATION (WHERE RELEVANT)

When did the individual arrive in Australia?

How closely does the individual keep to the customs of their culture or country of birth?

In what ways do the individual and the family express their culture?

FOOD PREFERENCES

What is eaten and when?

Are any special utensils preferred?

LIFE RITUALS

What events are celebrated and how?

What rituals are practiced around ageing or death and disability?





Bridging Cultures is a resource developed by Partners in Culturally Appropriate Care (PICAC) NSW & ACT to enhance the understanding of culturally and linguistically diverse (CALD) ageing populations in Australia.

This revised 2016 edition includes cultural insights into the unique needs of over 30 communities requiring aged care services in Australia. The cultural considerations in this guide include:

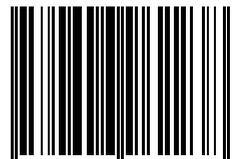
- The role of the carer in the CALD context
- Cultural attitudes towards dementia, palliative care and continence
- History of CALD migration to Australia and demographics
- Customs and food
- Visiting and caring for the elderly
- End-of-life considerations
- Key events and cultural facts

 Multicultural Communities
Council of *Nsw/act*

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