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Creating Better Access Pathways Into A Diverse Community

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CREATING BETTER ACCESS PATHWAYS INTO A DIVERSE COMMUNITY

An Interactive Qualifying Project Report
submitted to the Faculty of
WORCESTER POLYTECHNIC INSTITUTE
in partial fulfillment of the requirements for the
Degree of Bachelor of Science

By

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Abstract

This report, prepared for the Royal Victorian Institute for the Blind (RVIB) in Melbourne, Australia, reviews the lack of access to mainstream services by culturally and linguistically diverse (CALD) communities and focuses on methods to address this issue. Through interviews with CALD-related organisations and members of the CALD communities, we confirmed most of the known barriers that affect CALD access to RVIB services and identified strategies aimed to overcome these barriers. Using this information, we designed an outreach plan intended to help RVIB create better access pathways into CALD communities.

Acknowledgements

Authorship

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Executive Summary

Of the 938,592 residents in the Eastern Region of Melbourne, 18% emigrated from non-English speaking countries. Furthermore, over 150 languages drawn from over 190 countries are spoken in the Eastern Region. Australia embraces such diversity; current government policy specifies that the needs of migrants should be met by a blend of specific community services and mainstream services such as counselling, health, and support services.

One of the more prominent service providers in Victoria is the Migrant Information Centre (Eastern Melbourne, Victoria). As a non-profit organisation, the Migrant Information Centre offers a range of services for migrants and refugees, who are also referred to as culturally and linguistically diverse (CALD) communities, living in the eastern suburbs of Melbourne. According to one of their studies, people from CALD backgrounds do not access mainstream services with the same proportion as other populations. They identified three main barriers that affect CALD usage of mainstream services: lack of knowledge of service; cultural unfamiliarity by the service provider; and language and communication. The Royal Victorian Institute for the Blind (RVIB) was identified in the study as an organisation whose services were not fully utilised by CALD communities.

RVIB is a non-profit organisation that has, for over 137 years, supplied resources and services to Victorians who are blind or vision-impaired. The organisation maintains a total of twelve regional service areas and has resources such as translators and printed materials available in English, Greek, Italian, and Vietnamese. Despite these language resources, these non-English speaking CALD communities are not using or accessing RVIB services as much as other community groups.

The goal of our project was to develop an outreach plan that could help RVIB create better access pathways into CALD communities. We focused our project specifically on the Italian and Vietnamese communities in the eastern metropolitan Melbourne area. Concentrating on two communities narrowed the scope of the project, as did limiting the location to the eastern metropolitan Melbourne area. Furthermore, the Italian and Vietnamese communities are among the largest CALD communities in the eastern metropolitan Melbourne area and RVIB already has resources available for both communities. We intended for our outreach plan to be general for multiple CALD communities.

Methodology

Many different organisations, throughout Australia and around the world, have addressed problems similar to the one discussed in this project. Thus, we compiled a list of successful outreach strategies and programs that have been used or created by these organisations and analysed which methods would have the strongest impact for RVIB. This background research led us to a three-part methodology: establishing community networks; developing an understanding of the communities; and developing an outreach plan.

The first step was to learn about the Italian and Vietnamese community networks so that we could establish a list of contacts within the communities. Using a snowball-sampling method, we located popular places of congregation among the Italian and Vietnamese communities, and identified the community leaders of the Italian and Vietnamese Communities. In the second portion of the methodology, we intended to develop an understanding of the Italian and Vietnamese communities. Through this understanding, we aimed to formulate culturally appropriate strategies on how RVIB can better communicate with the communities. We interviewed everybody that was included in our list of contacts since these were the people who knew the community the best. Finally, we analysed the interviews to identify recurring patterns and themes, which led to our outreach plan.

Findings

This chapter of the report is divided into two parts. The first section discusses the networking strategy we used when attempting to communicate with the Italian and Vietnamese communities. It describes the advantages and disadvantages to the approach we took in establishing community networks, and also identifies the people and organisations that we contacted. The second section explains the information we received during the interviews and provides an analysis of the data we gathered. The responses to the interview questions are also discussed and recurring themes are examined.

In order to establish a list of contacts, we attempted to identify the community networks of the Italian and Vietnamese communities. *In developing these networks, we found it to be most effective to communicate with multicultural organisations first.* This finding, however, was not described in the reports that contributed to our background research. Our results suggest adjustments to the existing outreach models that have been discussed in the background chapter. When we attempted to make direct contact with members of the community or community leaders, the language barrier generally caused miscommunication during the interviews. This communication gap created frustration during interviews and usually forced the interviewees to abandon their participation.

After establishing links into the Italian and Vietnamese communities we realised that these contacts could be separated into three separate tiers of organisations. First tier organisations are composed of two multicultural organisations in Victoria: The Migrant Information Centre (MIC) and Action upon Disability within Ethnic Communities (ADEC). These multicultural organisations are established to assist migrants with their settlement into Victoria. Second tier organisations are ethno-specific organisations that focus on supporting one specific ethnic community. Third tier organisations are ethnic social groups consisting of: religious groups, women's groups, youth groups, and senior citizen groups. Contact with the ethnic senior citizen groups is especially important to RVIB because a majority of their clients are elderly.

When analysing the data we gathered from interviewees, we divided the interview protocols into three main sets of questions. The first set of questions focused on cultural sensitivity issues that related to how blindness or vision impairment is perceived in the Italian and Vietnamese communities. This set of questions was designed to further our

understanding of the two cultures. The second set of questions sought to determine the level of knowledge of RVIB services within the two target communities, and also what other barriers may hinder access to RVIB services by these communities. We also looked for ways to address these barriers within the second set of questions. The third set of questions focused on establishing more contacts within the communities.

When identifying cultural sensitivity issues we found the Italian community perceived blindness no differently than the general population. As stated by our respondents within the Italian community, there are no rituals, common practices, or beliefs involving blindness or vision impairment within their community that differ from the general populations. However, the results of interviews show that the Vietnamese community may have mixed perceptions on the blind and vision impaired. The Buddhist practicing Vietnamese community may perceive blindness as a punishment from God for a wrongdoing in their previous life. The Catholic Vietnamese community however seemed to have no extraordinary views on vision impairment.

The lack of knowledge within CALD communities about RVIB services proved to be the main barrier that has affected service access. Many of our respondents explained the most important step in overcoming this barrier is for RVIB to create partnerships with the multicultural organisations such as MIC and ADEC, and ethno-specific organisations such as CO-AS-IT (a community organisation for Italians and Australians of Italian descent). This partnership would generally consist of some type of verbal meeting between members of CO-AS-IT and RVIB. The members of the organisations would seek to establish a set of goals for one another. Within these goals, RVIB would focus on requesting that CO-AS-IT promote the knowledge of RVIB services to members of the Italian community.

Ethnic Access Strategy (EAS)

The Ethnic Access Strategy (EAS) is a plan we have developed that is intended to aid RVIB in their efforts to create better access pathways into CALD communities. This strategy addresses the barriers we have identified, that prevent ethnic communities from utilising RVIB services. Establishing community networks is the basis of the Ethnic Access Strategy. During this process RVIB should be able to develop cultural understanding of a target community and also promote their services to that community. Once this is done RVIB should be able to provide culturally appropriate services using the cultural knowledge that they will have gained and the ethnic clients they should receive. The process of establishing community networks can be divided into three steps where each step relates to contacting a tier of organisations.

The first tier is comprised of two multicultural organisations known as the Migrant Information Centre and Action upon Disability within Ethnic Communities. RVIB should use these first tier organisations to help gain contact with the second tier organisations, which is the next step in the EAS. The second tier organisations consist of ethno-specific organisations throughout Victoria. These organisations provide support to a specific ethnic community in the area. Once contacted, these second tier organisations will be able to help RVIB complete the third step in the strategy. The third step is to make contact with third tier organisations, which are made up of ethnic social groups in

Victoria. These groups may be churches, community centres, elderly centres, youth groups, and women's groups.

Communication with each tier is a step RVIB can take to gain access into ethnic communities. It is important to note that contact with all three tiers is likely to be advantageous, but contact priority is much higher in the first two tiers. The first tier is critical because it begins the community networking process and can lead RVIB to further contacts. The first and second tiers are the most beneficial because they are able to provide RVIB with ethnic community knowledge and make them aware of promotional opportunities to ethnic communities. It is important to contact these organisations because without their advice it may be difficult to determine which third tier organisations would be beneficial to contact. The contact with the first and second tiers should make the process of gaining access pathways into ethnic communities quicker and more effective. Third tier organisations may be beneficial to RVIB because they can provide direct contact with ethnic communities. RVIB is advised to locate translated material throughout many of these ethnic social groups. The Ethnic Access Strategy stresses the importance of maintaining regular contact with all three tiers so that proper adaptations can be made with the ever-changing communities.

Recommendations

Based on our findings, we developed a set of recommendations intended to help RVIB create better access pathways into CALD communities. The recommendations we developed can be broken into sections. The first section contains short-term recommendations for RVIB to begin implementing the Ethnic Access Strategy into the Italian community. The second set of recommendations is longer-term plan for RVIB to extend efforts to other CALD communities.

Short-Term Recommendations**:**

- We recommend that RVIB use the Ethnic Access Strategy as a guideline to begin developing networks with CALD communities.
- Implementation should begin by contacting MIC and ADEC, the two principle multicultural organisations in Melbourne. Contact with these two multicultural organisations begins the community networking process.
- We recommend RVIB form partnerships with the MIC and ADEC as the first step towards maintaining culturally appropriate service provision within CALD communities. The partnerships can be formed through contacts with the Executive Director of both the MIC and ADEC
- We recommend that RVIB focus their outreach towards one community at a time. Since our networks with Italian community were more developed than the Vietnamese community, we recommend that RVIB first focus on the Italian community. The Italian community is a good starting point because they are the largest non-English speaking community in Victoria (2001 Census), and are especially populous in eastern metropolitan

Melbourne area where the RVIB Eastern Region office is located. Furthermore, the Italian community is much older, on average, thus more prone to impaired vision.

- We also recommend RVIB form a partnership with CO-AS-IT, a second-tier organisation. CO-AS-IT is the leading Italian community organisation in Victoria. This partnership would allow RVIB to be personally connected into the Italian community since CO-AS-IT can provide contact information for RVIB on where to hold informational sessions and presentations. These locations are the third tier organisations.

<u>Long-Term Recommendations</u>**:**

- We recommend RVIB focus on a non-European community, such as the Vietnamese. By working with a non-European community, RVIB may be able to compare the success and failure between two distinct CALD communities. Doing so could help RVIB make necessary adjustments to the Ethnic Access Strategy.
- We recommend RVIB target the Vietnamese community within the Dandenong area, as the Vietnamese community is heavily populated in this area.
- We recommend RVIB begin the implementation of the EAS within the Vietnamese community. Appropriate changes to the EAS should be made based on the results of the EAS implementation within the Italian community.

Overall, the recommendations presented here are intended to positively affect the goal of RVIB to create better access pathways into diverse communities.

1 Introduction

Shortly after World War II, only 9.8% of Australia's population had been born overseas. The combination of a low birth rate and a high demand for labour, however, led to a concentrated effort by the Australia government to attract more migrants to settle in the country. As a result, close to 24% of Australia's population in 2001 had been born in another country. A similar ratio of migrant settlement was evident in the Eastern Region of Melbourne. Out of the 938,592 residents in this region, 18% emigrated from non-English speaking countries. Furthermore, over 150 languages drawn from over 190 countries are spoken in the Eastern Region. Australia embraces such diversity; current government policy specifies that the needs of migrants, also commonly known as culturally and linguistically diverse (CALD) communities, should be met by a blend of specific community services and mainstream services such as counselling, health, and support services.

One of the most prominent service providers in Victoria is the Migrant Information Centre (Eastern Melbourne). As a non-profit organisation, the Migrant Information Centre offers a range of services for migrants and refugees living in the eastern suburbs of Melbourne. Their services are designed to assist settlement in Australia and to promote equity of access for migrants to all services provided in the community. According to one of their recent studies, the level of access can be determined by the difference between the percentage of CALD members using the service and the percentage of CALD members in the population. Their studies found that people from CALD backgrounds in the Eastern Region of Melbourne do not access mainstream services with the same proportion as other populations.

Many issues contribute to this under-utilisation of mainstream services by CALD communities. From the findings in their studies, the Migrant Information Centre concluded that the issues could be grouped into three main factors: language and communication, cultural understanding, and awareness of services. Since many of the community members were not born in native-English speaking countries, they have low English proficiency or do not speak English at all (20% of the population in the Eastern Region of Melbourne speaks a language other than English at home). Consequently, service providers have difficulty communicating with CALD communities, and vice-versa. There are cultural differences, such as religion, that arise between the mainstream service provider and the CALD client, which also affect access. Lastly, CALD groups often do not know what organisations and services are available to them and therefore cannot utilise those resources. Convenient access to mainstream services by CALD communities is a desired goal of most service providers.

One mainstream service provider that is not fully utilised by CALD communities is the Royal Victorian Institute for the Blind (RVIB). RVIB is a non-profit organisation that has, for over 137 years, supplied resources and services to Victorians who are blind or vision-impaired. The organisation maintains a total of twelve regional service areas and has resources such as translators and printed materials available in English, Greek, Italian, and Vietnamese. Despite these language resources, these non-English speaking

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CALD communities are not using or accessing RVIB's service as much as other community groups. With the incidence of vision impairment being no different in CALD communities compared to other communities, RVIB believes that the level of usage and access should be similar across all cultural communities.

The goal of our project was to develop an outreach plan that would help RVIB create better access pathways into CALD communities. More specifically, we wanted to extend the current Migrant Information Centre study by identifying the barriers that inhibited two unique CALD communities (Italian and Vietnamese) from utilising RVIB services in the eastern metropolitan Melbourne area. We focused on two communities to narrow the scope of the project. We concentrated specifically on the Italian and Vietnamese communities because they had relatively large populations in the eastern metropolitan Melbourne area and RVIB already has resources available for both communities.

In order to achieve our project goal, we researched current practices and policies that both contributed and hindered CALD access to RVIB. Qualitative data, relating to the dynamics of the communities, were collected through interviews with representatives of various mainstream service providers and also from members of the community. These data gave us a better understanding of the community networks and helped us to identify the obstacles that influenced access. From the information gathered, we developed a general outreach plan and discussed specific implementation of this plan with the Italian and Vietnamese communities. Our investigation should help bridge the gap that exists between RVIB and CALD communities.

2 Background

Many different organisations, throughout Australia and around the world, have addressed problems similar to the one discussed in this project. In this chapter, we describe some of these organisations and the strategies they have used. We examine the diversity in Victoria by reviewing statistical information concerning the demographic profile of the state. The importance of this information is to identify which ethnicities are most abundant in Victoria.

We summarise the key issues and problems concerning access to services that are faced by the culturally and linguistically diverse (CALD) communities. To understand some of the existing outreach techniques used to support CALD communities, we researched some of the more prominent organisations that work specifically with CALD communities. We also introduce some of the challenges faced by the blind and vision-impaired in Australia and the importance of the need to support them. The challenges that are presented then lead to information that describes our sponsor organisation, the Royal Victorian Institute for the Blind, and the clients they work with.

2.1 Diversity in Victoria

In 1947, only 9.8% of the Australian population was overseas-born. Due to low birth rates and the high demand for labor after World War II, the Australian governments began to promote migrant settlement. Non-Anglo migrants, however, were expected to give up their own language and culture and adopt that of Australia's, while non-European migrants were excluded from migration settlement all together. This process was known as the White Australian Policy and Assimilation (Porteous 2004) .

The White Australian Policy and Assimilation, which favored applicants from certain countries, has an origin that traces back to the gold rush in 1850's, where the white miners' bitterness towards hard-working Chinese diggers finally resulted in violence on the Buckland River in Victoria and at Lambing Flat (now Young) in New South Wales. As a result of the violence, the governments of these two colonies placed harsh restrictions on Chinese immigration (Porteous 2004). The leaders of the White Australia Policy and Assimilation maintained almost complete control of the policy direction of immigration and welfare assistance from 1901 to the 1960's.

During the mid-1960's, it became evident that the immigration policy needed to change, since many migrants were leaving the country to return home. Their mass departure, which was primarily due to the lack of support from the government, created economic problems. Many migrants made significant contributions to the economy because they often worked manual labor jobs that others did not want. Eventually, however, the influence of the White Australia Policy faded as select non-European migrants were allowed into the country and discrepancies between the treatment of Anglo and non-Anglo migrants were resolved.

The Whitlam Government finally abolished the White Australia Policy in 1973 and the term "multiculturalism" came into use. CALD communities were encouraged to preserve their ethnicity, culture and language. The Racial Discrimination Act was passed in 1975 to provide equal treatment for all, regardless of their background. In 1978,

"multiculturalism" was accepted as an official government policy (Porteous 2004). The result of such government support led to a much more diverse Australia.

2.1.1 Migrant Statistics throughout Victoria

Present day Australia prides itself on its diversity and embraces its different cultures. According to the 2001 census, 23.4% of the population of Victoria, which at the time was 4,612,097 residents, was born overseas. Victoria's top ten countries of origin are listed in Table 1. Note that both Italy and Vietnam are among the top four countries.

	COUNTRY	POPULATION (# of residents)
1.	England	162,851
2.	Italy	90,788
3.	Greece	57,590
4.	Vietnam	56,664
5.	New Zealand	55,227
6.	China	36,813
7.	Scotland	31,609
8.	India	30,629
9.	Germany	28,679
10.	Sri Lanka	26,550

Table 1 - Victoria's top ten countries of origin

The diversity of Victoria is also reflected in the diversity of languages spoken in the state. The 2001 Australian Census shows that 20.4% of all Victorians over the age of five years old spoke a language other than English at home, with more than 180 different languages and dialects spoken. The abundance in language variety is further indication of how the term "multiculturalism" applies to Australia. Table 2 summarises the top 10 non-English languages spoken at homes in Victoria. Note that the top five non-English languages spoken at home in Victoria are Italian, Greek, Vietnamese, Cantonese, and Arabic.

	Language	# Of residents
1.	Italian	149,999
2.	Greek	122,699
3.	Vietnamese	63,919
4.	Cantonese	60,632
5.	Arabic	47,190
6.	Mandarin	38,863
7.	Macedonian	32,670
8.	Turkish	28,496
9.	Croatian	25,638
10.	Spanish	23,878

Table 2 - Victoria's top ten non-English languages spoken at home
(2001 Census)

According to the 2001 census, Melbourne has a total population of 3,367,169 residents. Table 3 highlights the city's top ten countries of origin born overseas residents. It is important to note that of Victoria's total 90,788 Italian born residents, 80, 740 live in metropolitan Melbourne, which is nearly 89%. On a similar note, 55,859 Vietnamese born residents live in metropolitan Melbourne, which is close to 99% of Victoria's total Vietnamese born residents. These statistics indicate that metropolitan Melbourne is one of the largest congregation points for these two communities in all of Victoria. To gain a better understanding of the geography of metropolitan Melbourne, we have provided a map of the city in Figure 1.

	COUNTRY	POPULATION (# of residents)
1.	England	127,716
2.	Italy	80,740
3.	Vietnam	55,859
4.	Greece	55,735
5.	New Zealand	45,749
6.	China	35,801
7.	India	29,439
8.	Sri Lanka	25,977
9.	Scotland	24,581
10.	Malaysia	23,648

Table 3 - Melbourne's top ten countries of origin
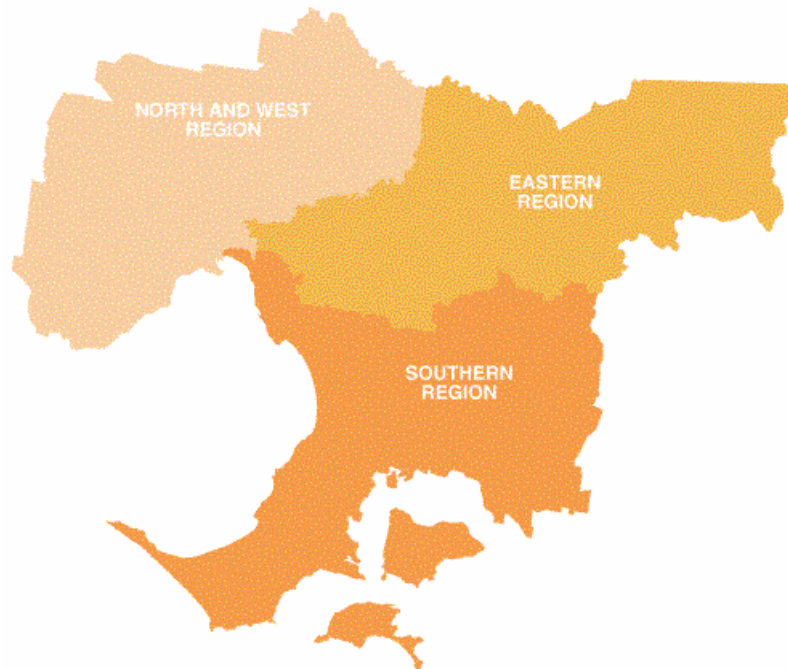
Figure 1 - Map of metropolitan Melbourne

2.1.2 Problems Faced by CALD Communities

The continual growth of migration into Australia has produced ongoing debate about the types and level of services the government should provide to CALD communities. While current policy indicates that the needs of migrants should be met by a mix of settlement services and mainstream services, the review of Australian research from the past 10 years revealed that CALD communities were not utilising available mainstream services to the extent of other communities. Some factors presented in the research that may contribute to the discrepancy include policy and planning, language and communication, awareness of services, and cultural knowledge and sensitivity.

There have been years of effort by the Victorian government to help promote equity for all ethnicities. The result is a significant increase in the importance of the various policies the government tries to follow to assist people of CALD backgrounds with the issues they face. These policies have been established through years of adjustment and are constantly changing as the significance of this topic becomes more apparent, not only to CALD communities but other members of society as well.

In 1996, the Coalition Government introduced *A Charter of Public Service in a Culturally Diverse Society*, which helped emphasise the government's commitment to the availability of services to all Australians. The *Charter* is intended to put equity and access at the head of government policy (Porteous, 2004). According to Porteous (2004), however, the Government would not be able to fund ethno-specific services for all cultural groups because of the increasing diversity of Australia's population,

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) conducted the 2003 *Review of Settlement Services* in which they revealed the government's lack of dedication to the values dictated in the *Charter.* Porteous (2004) states that DIMIA made many recommendations to improve service provision for migrants in their review, including "focusing specific settlement services on humanitarian and refugee entrants who have been there less than five years, and on family entrants with low English speaking proficiency. All other members of CALD communities, including newly arrived skilled migrants, are expected to access services via mainstream agencies" (p. 15). Porteous (2004) also describes various other recommendations that were made to increase the coordination of services for migrants. These recommendations include budget alterations, auditing the implementation of *Charter's* principles, improving data collection, and reporting and research (p. 15). These recommendations were made in hopes of increasing the government's efforts in assisting migrants as they enter the country, thus providing them with more information and assistance to aid in the adaptation to the new environment.

Language barriers were also identified as issues that affect CALD access to mainstream services. In many cases, there was a lack of interpreters to provide one-on-one service, a lack of appropriately skilled bilingual workers, and a lack of translated material in different languages (Porteous 2004). Another contributing factor that was identified was the lack of awareness of information and knowledge about services available and their importance. Often times, service providers were not aware of what information was appropriate for individual communities, and whether it should have been

distributed. There was a need for better networks between the service providers and the CALD communities in order to overcome this barrier (Porteous 2004). According to the same study, the service providers' level of knowledge and respect for cultural differences also affected the level of access. The provider should understand the values and backgrounds of their clients and be aware of cultural sensitivity at all times, since the client's level of acceptance to receive help varies depending upon the community.

2.1.3 Organisations That Support CALD Communities

Many organisations throughout Victoria provide services that are designed to assist the growing number of migrants. Three of the most prominent organisations that work mainly with CALD communities are the Migrant Information Centre, the Department of Human Services, and Action on Disability within Ethnic Communities.

2.1.3.1 Migrant Information Centre (MIC)

There are a wide variety of organisations present throughout Victoria that are intended to help CALD communities. One of the more prominent organisations located in Eastern Victoria is the Migrant Information Centre (MIC). Established in 1999, the MIC strives to "take a lead role in the coordination of current, relevant information and the provision of services that would strengthen and stimulate opportunities to enhance the lives of new and existing migrant population in the Eastern Region of Melbourne" (Porteous 2004).

The MIC is part of a network of over 30 Migrant Resource Centres and Migrant Service Agencies that are located across Australia. Their website indicates that the MIC provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne. Their services are available to people living in the Local Government Areas of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. Their services are free and confidential, and include: aged care and disability; childcare; employment; English classes; family support; health, housing, migration, and youth services; specific settlement assistance; organisation of community forums; information and support to other agencies or organisations; development of resource kits; participation in advisory groups; and work on specific community or service development projects. Overall, they state that their services are intended to assist migrants and refugees to settle in Australia and to promote equity of access for migrants to all services provided in the community (http://www.miceastmelb.com.au/).

2.1.3.2 Department of Human Services (DHS)

Another supporting group, the Department of Human Services (DHS), is a government department in the state of Victoria. The purpose of this organisation is to ensure access to services enhance the community's well being for all Victorians, "emphasising vulnerable groups and those most in need" (Department of Human Services). The DHS is Victoria's largest government department and employs over 12,000 people directly and over 80,000 people indirectly through organisations such as hospitals and aged care facilities, ambulance services and community service agencies.

The DHS works to build, provide, improve, and promote human services, strengthen individuals and communities, and reduce inequalities in health and wellbeing. Eight divisions make up the department as a whole. The various divisions specialise in the financial and operational aspects of the department. The Rural and Regional Health and Aged Care Services Division, and the Metro Health and Aged Care Services Division are two divisions that focus on hospitals and the aged population. The Disability Services Division provides funds and services to people with intellectual, physical, sensory, and neurological disabilities and acquired brain injuries.

The Community Care Division is responsible for services to individuals, families, and communities. One of their principal roles is to conduct "research into health promotions and the best practice services for culturally and linguistically diverse communities" (DHS-Research into Health Promotion). The division works toward strengthening CALD communities by forming partnerships between government and community service organisations.

2.1.3.3 Action on Disability within Ethnic Communities (ADEC)

Action on Disability within Ethnic Communities (ADEC) is a community-based organisation that represents the rights and needs of people with a disability who come from non-English speaking backgrounds. ADEC provides advocacy, information, referral, education, training and consultancy. ADEC provides assistance primarily to:

- People with a disability who come from a non-English speaking background,
- The caretakers of people with a disability who come from a non-English speaking background,
- Non-English speaking consumer groups focusing on the rights and needs of people with a disability,
- Service providers, community organisations, and government departments seeking advice and information about increasing access and participation to services and programs.

There are different types of services that ADEC offers to its clients. One of the services is the organisation of bilingual support groups. This service provides opportunities for people from a non-English speaking background with a disability and their caretakers to meet regularly for the purposes of social support, information exchange and education. Clients are educated via workshops, seminars and educational resources such as a library, Internet access, and computerised data. Overall, ADEC serves as a resource for service providers, community organisations, and government departments. They act as a link and reference for people of CALD backgrounds with a disability to access needed services.

There are also many benefits for people with a disability who come from non-English speaking backgrounds who use ADEC services. For example, people with a disability and their caretakers have a channel for voicing and acting upon issues that concern them, develop supports within their own ethnic community and the community

in general, and are educated and informed of their rights, services, and supports available to them. ADEC also helps develop the self-esteem of people with a disability who come from a non-English speaking background.

Service providers, community organisations and government departments also benefit from ADEC services. Service providers receive advice and assistance in the development of programs appropriate for culturally and linguistically diverse communities. Service providers are trained to work effectively with people of non-English speaking backgrounds with a disability and consumer groups. Service providers, community organisations and government departments receive advice or information and support on the needs of people with disabilities and their caretakers (http://www.adec.org.au/).

2.2   Strategies for Effective Outreach to CALD Communities

To gain a better understanding of the possible approaches that could be taken to increase the accessibility of mainstream services to CALD communities, we researched the Cultural Planning Framework and Resource Kit, the Cultural Diversity Guide, and the Better Ethnic Access to Services. The three items are documents created by the MIC, the DHS, and ADEC respectively to assist service providers in effectively communicating with CALD communities.

2.2.1 Migrant Information Centre - Resource Kit

In January 2004, The Migrant Information Centre created the Cultural Planning Framework & Resource Kit as a guide to assist agencies with cultural planning. Within this framework and kit, MIC provides suggestions and examples for agencies regarding service planning. This framework was created to assist agencies to better meet the needs of CALD communities, potentially access a greater number of clients, and provide equitable services to all consumers.

The Cultural Planning Framework is split into five themes. Each theme represents a step that an agency should take when planning to work with people in CALD communities. These fives themes are:

1. **Planning and Access** – gathering relevant data and information of clients;
2. **Language Services** – arranging for interpreters and translations;
3. **Consumer Feedback and Consultation** – analysing and considering the issues and needs of CALD communities;
4. **Agency Capacity Building** – providing cultural training and resources to agency staff;
5. **Marketing and Promotion** – performing outreach to all eligible people.

Each theme within the framework contains two to four objectives. Each objective is further split into individual practical suggestions. For example, a practical suggestion within the first objective of Planning and Access is to obtain statistics on CALD background communities within the target area (MIC -Cultural Planning Framework and

Resource Kit).

The Cultural Planning Resource Kit provides agencies and readers with personal contacts in all five themes of the framework. For example, the Resource Kit provides contacts for demographics, ethnic community and service directories, cultural and religious information, and needs reports and consultation reports for the first theme - Planning and Access. For the second theme, Language Services, the kit provides guidelines and training for interpretation and translation, table of countries and languages spoken, and speaker notes. The Consumer Feedback and Consultation theme, which is the third, provides client survey examples and a guide to planning for community consultation or forums with CALD groups. Next, in the fourth theme of the Resource Kit, contacts for numerous training options that are available are presented. For the fifth theme, the kit provides a Communication Strategy, Promotional Strategy, and the Communicating with Culturally and Linguistically Diverse Victorians report.

Beyond the five themes of the Cultural Planning Framework, the Resource Kit provides the Promotional Strategy. This strategy is "a step by step guide for promoting services to people from culturally and linguistically diverse communities" (MIC-Cultural Planning Framework and Resource Kit). Ethnic Media lists for languages alphabetically ranging from Afghan to Vietnamese are provided within the Promotional Strategy. This list provides contacts to language-specific press, radio, and television. Furthermore, a list of Internet links (which include Aged Care, Disability, and Multicultural) for a selection of information is also provided in the Resource Kit.

2.2.2 Department of Human Services - Cultural Diversity Guide

The DHS has a Diversity Branch that promotes "culturally and linguistically responsive service delivery" (DHS). Within this branch, there exists a Multicultural Strategy Team, which developed the Cultural Diversity Guide in June 2004. The Cultural Diversity Guide was created to aid department programs and agencies in their attempts to reach out to CALD communities. The guide provides and illustrates many possible strategies that could improve and enhance cultural awareness. In addition, the Guide is an excellent resource for support programs and organisations that promote diversity.

The Cultural Diversity Guide provides the following core principles to promoting cultural diversity:

- *Valuing Diversity* – Agencies can value diversity by actively promoting respect and harmony of diverse cultures. By discouraging racism and negative stereotypes, valuing diversity can be achieved.
- *Reducing Inequality* – Organisations should recognise the rights of people of diverse backgrounds. These rights include the freedom to practice, enjoy, and share different cultures. In addition, people of diverse backgrounds have the right to access government services and programs that are available for everyone.
- *Encouraging Participation* – Services should work to encourage participation of diverse people in public and civic life. Appropriate use of media and promotional channels can ensure provision of government information. Services should strive to identify and address barriers that may be hindering CALD community's access

to their services.

- *Promoting the Social, Cultural, and Economic Benefits of Cultural Diversity for all Victorians* – Organisations should promote the benefits of a CALD society. CALD communities have the potential to "advance the well-being of all Victorians" (Cultural Diversity Guide).

The Cultural Diversity Guide contains six sections, each addressing a certain feature that will assist in successful outreach toward CALD communities. Each section provides directions and strategies for each feature. The following summarises each of the features mentioned in the Cultural Diversity Guide:

1. **Understand Clients and Their Needs** – This process involves the gathering of accurate information on the cultural diversity of the specific ethnic group and includes forming demographics of the population and gaining cultural understanding.
2. **Partnerships with Multicultural and Ethno-Specific Agencies** - Service providers are urged to identify special agencies within the service area and opportunities that may arise from formal or informal collaboration.
3. **A Culturally Diverse Workforce** – Service providers should work towards hiring bilingual, multilingual, or CALD staff. Also, cultural awareness training programs should be considered.
4. **Use Language to Best Effect** – Translated material and the identification of language service providers is vital to successful outreach to CALD communities.
5. **Encourage Participation in Decision Making** – Services providers should attempt to gain insight from CALD community members and take part in multicultural media.
6. **Promoting Benefits of a Multicultural Victoria** – The last feature of the Cultural Diversity Guide urges service providers to take part in specific cultural events and advertise at these events.

2.2.3 Action on Disability within Ethnic Communities – BEATS Kit

The Better Ethnic Access to Services (BEATS) Kit is designed for individual service providers and is a strategy that aims to improve the overall health and well being of Victorians by:

- Improving the experiences and outcomes for people who use primary care services, and
- Emphasising health promotion programs and responding to early signs of disease and the people's need for support, thus reducing the preventable use of hospitals, medical and residential services.

The BEATS Kit is intended to help service providers supply responsive services

to people from culturally and linguistically diverse backgrounds. The Beats Resource Kit gives strategies and resources on how to ensure access to services by all people regardless of race, religion, language and cultural background.

The BEATS Kit is broken down into nine sections that include:

1.   **A service cycle model** that can be followed by individual organisations to aid them in developing a whole-of-organisation approach to CALD access. The BEATS Kit explains that in order to achieve results, it is important for an organisation to approach cultural diversity and ethnic access as a whole, even though it can be tempting to limit actions to single tasks or small changes.

2.   **A checklist of activities** that service providers can use on a network level with other agencies to improve service provision and communication to CALD consumers through planning, coordination and partnerships. These suggestions are meant to combine the efforts of multiple service providers and attempt to develop a standard approach to cultural awareness. The Kit also stresses the importance of creating a network of information that can be shared by all service providers.

3.   **A cultural planning framework** that gives realistic suggestions on how to set goals and measure the progress towards improving access to services by CALD consumers. The framework includes principles that have been established in the *National Charter of Public Service in a Culturally Diverse Society (Charter).* The standards of the *Charter* are: Access, Equity, Communication, Responsiveness, Effectiveness, Efficiency and Accountability.

4.   **Sample policies and charters** that are inclusive of cultural diversity on topics such as employment, language, referral, and consumer rights. There are examples of cultural diversity policy statements and examples of consumer charters of rights and responsibilities that agencies can use as a guide in creating their own "culturally aware" policy statements.

5.   **Translation resources** available on web sites that provide information on cultural and health issues translated into many community languages. This section stresses the importance of service providers utilising the translations that are available by adapting them to their own organisation's needs. The Kit also provides advice on organising material for translations, and gives some key points to consider when preparing materials for translation.

6.   **Information on interpreting and language services**. Listed are government funded agencies as well as information on the availability of privately operated interpreting and language service agencies. The Kit suggests only using translators or interpreters that have been accredited by The National Accreditation Authority for Translators and Interpreters (NAATI).

7.   A list of **training providers**. These organisations offer training in cultural awareness, access, language services, use of interpreters and translations.

8.   **Specific resources** for service providers such as existing manuals, useful publications and directories. There are lists of specific Internet sites that provide useful and relevant information on cultural diversity for PCP's and service providers.

9.   **Useful appendices** including the details of the board game "Ethnopoly", which is used for cultural awareness training. This game is designed to assist in training workshops that encourage service providers to understand the whole-of-organisation approach to ethnic access.

2.3   Supporting the Blind and Vision-Impaired

The Royal Victorian Institute for the Blind (RVIB) is an organisation that provides services to people who are blind or vision-impaired. To understand why their services are so important Australia, we researched common obstacles that the blind or vision-impaired are faced with everyday and identified some statistical information associated with the blind and vision-impaired in Australia.

We also provide a brief description of the Royal Victorian Institute for the Blind that summarises their value as an organisation and the specific types of services they provide. To gain an understanding of the needs of RVIB's clients in CALD communities, we researched some of the most common ethnic communities in the Eastern Metropolitan Melbourne area.

2.3.1 Understanding the Need for Support

One of the most common disabilities in the world is blindness. In Australia, legal blindness determines eligibility for the Disability Support Pension and the Age Pension. Only an Ophthalmologist can determine legal blindness. Two major areas of vision, acuity and fields, are measured for legal blindness. Visual acuity pertains to the ability of the eye to distinguish detail. Distance acuity and near acuity must be measured separately. Visual field is the extent of what is seen by an eye looking straight ahead. Legal blindness is defined as having visual acuity of less than 6/60 in the better eye or a vision field of 20 degrees or less (180 degrees is typically considered normal), which means that a legally blind person would have to stand 6 metres from an object to see it with the same level of precision as a normally sighted person could from approximately 60 metres (MAB Community Services).

People who are blind or vision-impaired have developed numerous techniques that allow them to complete daily activities using their remaining senses, including folding money bills of different values in different ways (in some countries the size of a bill increases with its value); labelling and tagging clothing and other personal items;

placing different types of food at different positions on a dinner plate; and marking oven, dishwater, and dryer dials for easier use. Most vision-impaired people, with the assistance of organisations such as RVIB, create their own strategies to perform personal and professional tasks.

In addition to these everyday task-assisting strategies, there are also a number of tools designed for use by the blind. For mobility, people with serious vision impairments can travel independently using a white cane, which happens to be the international symbol of blindness. A long cane is used to extend the person's range of touch. The user sweeps the cane back and forth across their path of travel to detect obstacles. Painted white for maximum visibility, the canes indicate vision impairment on the part of the user. Although not as common, guide dogs are employed by the blind or vision impaired to assist their mobility. These animals are trained to lead blind individuals around obstacles on the ground.   Though very intelligent, guide dogs lack the ability to interpret street signs or determine when to cross the street. To read, most blind and vision impaired people use print that has been enlarged through the use of magnification devices. The rest read Braille or Moon Type, use specially designed computers with scanners, or rely on talking books and readers. Some people access these materials through agencies for the blind, such as the National Library for the Blind in the United Kingdom. A variety of magnifying glasses, some of which can be hand-held while others rest on desktops, can make reading much easier for those with vision impairments. More high-tech magnification devices exist as well, such as modern web browsers that can increase the size of text on some web pages through browser controls (MAB Community Services).

According to the Sensory Access Foundation (SAF), one should treat people who are blind or vision impaired the same as anyone else. One should be mindful that blind people perform the same functions as everyone else, but sometimes use different techniques. Normal speaking voice should always be used. The person should always identify himself when leaving or entering the room when in the presence of a blind person. Simple questions such as "Would you like me to guide you?" are often neglected as well as gestures such as offering the elbow as a useful way to guide a person who is blind (www.sensoryaccess.com). One can conclude that inadequate communications is a major reason for the problem.

Unfortunately, most vision-impairment, which is result of disease or malnutrition, is preventable. The most common cases of blindness around the world are cataracts (a crystalline clouding that develops in the eye that blocks the passage of light), glaucoma, trachoma, and vitamin A deficiency. According to estimates by the Vision Australia Foundation, there are now approximately 380,000 people living in Australia with either blindness or vision impairment. Because vision impairment commonly occurs for people over 60 years old, this number is expected to increase significantly. In Australia, over 80% of all vision deterioration is the result of five conditions: refractive error (53%), age-related macular degeneration or AMD (13%), cataracts (9%), glaucoma (5%) and diabetic retinopathy (3%).

Over 70% of vision impairment in Australia is caused by either preventable or treatable conditions. Of these conditions, 50% is caused by refractive error which has

relatively inexpensive and simple interventions. Close to 212,000 Australians have vision impairment caused by under-corrected refractive error, which can be cured with glasses.

There are over 50,000 people in Australia who have been diagnosed with some instance of AMD. Of those who will develop AMD, one person in four will lose sight because of it. There is no effective prevention or treatment for AMD, although smoking has been proven as a risk factor.

Approximately 120,000 cataract effective surgery operations are performed each year. High UV exposure and smoking increases the risk of cataract. Approximately 210,000 Australians have glaucoma, half of which have not been diagnosed. A family history of glaucoma increases the risk of glaucoma at least fourfold. The loss of vision from glaucoma can be prevented or delayed if detected and treated early.

Approximately 450,000 Australians have diagnosed diabetes and an equal number have undiagnosed diabetes, which means they are all at risk of developing diabetic eye disease. If diagnosed and treated early, up to 98% of severe vision loss can be prevented (www.visionaustralia.org.au).

2.3.2 The Royal Victorian Institute for the Blind (RVIB)

The growing number of blind or vision-impaired in Australia creates motivation for organisations such as the Royal Victorian Institute for the Blind (RVIB). Since 1867, RVIB has been providing services, resources, and support to Victorians who are blind or vision impaired so that they may lead full and independent lives. Their mission is "To be the leading provider of services, resources and information which enable people who are blind or vision impaired to maximise their independence and qualify of life" (http://www.rvib.org.au/). In pursuing this goal, they value the nine principles of the Disability Services Act 1986 and the Disability Discrimination Act of 1992, client involvement in the planning and development of quality services, the contribution of employees, the highest ethical standards, appropriate research, and financial sustainability.

As a non-profit organisation, RVIB receives support from various sources. For example, they collect donations, have corporate sponsorship, and hold multiple fundraisers. Some of their major sponsors include the City of Melbourne and Yarra Trams. This sponsorship helps RVIB maintain 12 sites, located throughout Victoria, and employ 270 people, assisted by over 1000 volunteers.

If services are funded, they are provided free of charge to clients. There are some charges for special courses and products. In order to be eligible for services, clients must have a diagnosed or suspected impairment to their visual functioning that has the potential to affect their development, education, or independence. Most of the services are provided in the client's home, school, workplace, or local community while some specialist training is provided at RVIB sites. Referrals are most frequently made by a potential client, a family member or a specialist, and by phone, letter, or email. A majority of the clients are elderly but RVIB does have services designed for children.

The services offered by RVIB can be broken down into various categories: service coordination, short-term counseling, orientation and mobility, orthoptists, and

numerous others. Service coordinators are based throughout Victoria and are the initial contact point for individuals wanting to access information and services from RVIB. They also provide ongoing support and coordination of services. Service coordinators discuss and develop a service program with individuals, which can include referrals to RVIB services and to the wider community.

Early childhood educators support families and children in their homes and local communities from birth until school entry. They also conduct small educational groups and support children in pre-school, childcare, and early intervention settings. RVIB also has visiting teachers that assist staff with teaching strategies, ensure the students have access to curriculum, and advise parents and schools on available equipment and resources.

Short-term counselling is provided for clients. Counselling allows clients to explore their emotional responses to vision loss and to learn possible coping strategies. Talking to peers can be very useful when adjusting to vision loss and both seminars and short term groups are run on topics such as stress management, grief and loss, depression, and the impact of changing roles due to vision loss.

Orientation and mobility specialists instruct people of all ages to travel independently with safety and confidence. Individual and group programs may include instruction in the following: use of mobility aids, low vision training, public transport, road-crossing strategies, and consultancy in modifying environments.

Orthoptists provide vision assessment, vision training programs, and information on eye conditions. They advise on issues such as lighting and magnifiers. Occupational therapists can reduce the impact of vision loss by enabling children and adults to develop the skills to perform tasks independently, confidently, and safely. Programs are provided in the home, community, workplace, and education settings.

The RVIB College provides a range of quality accredited training programs and assessments. Some of the programs include: computer skills and adaptive technology, adult language and literacy, adult Braille instruction, industrial skills training, and tertiary education support.

VisEquip is RVIB's equipment retail outlet and stocks Australia's most comprehensive range of items to aid people who are blind or vision impaired. Many goods are imported from overseas to provide the blind or vision-impaired a large variety of products from which to choose. VisTech offers individuals who are blind or vision impaired the combination of a technology retail outlet with specialist consultancy services, resulting in a bundle of services that is customised to individual needs.

RVIB Enterprises is the commercial division of RVIB. They provide employment in a factory environment for people who are blind or vision impaired. Located in Victoria, RVIB Enterprises provides a range of specialised packaging services and supplies retailers with a wide range of timber and kitchen home-ware products. Furthermore, career planning is available to individuals who are unsure about appropriate career or job options. Career planning can be a valuable process in assisting individuals to make decisions about what they *want* to do, not what they can do.

RVIB welcomes client feedback and suggestions for improving their services. Contacts can be made at any time either verbally or by mail/email. In addition, RVIB

contacts clients from time to time to evaluate the level of satisfaction with their services. Survey results are used to identify gaps in service delivery, and to provide information to government bodies for funding purposes. By delivering resources, services, and information statewide, RVIB provides people who are vision impaired an opportunity to maximise their independence and quality of life.

2.4 Understanding RVIB's Clients in CALD Communities

Recently RVIB has discovered that CALD communities under-utilise their services, and they want to develop outreach strategies to increase accessibility using processes that have been shown to be effective for other mainstream service providers. To become more familiar with the customs and practices of RVIB's clients in CALD communities, we researched two non-English speaking CALD communities that are largest in the Eastern Metropolitan Melbourne and for which RVIB has translated resource materials. The motivation for this research came from the Resource Kit by MIC and the Cultural Diversity Guide from DHS.

The definition of culture can be given in many different ways. Generally, culture is a way of life encompassing all aspects of everyday life, family, and values. Smith (1994, p. 35) describes culture as not only material objects but also social institutions such as marriage, employment, and education, each being controlled by a set of norms. Two cultures, the Italian and Vietnamese, are discussed in this next section to highlight the different customs and practices of each. Demographic profiles (age structure, family structure, employment patterns, and English proficiency) of each community are also presented.

2.4.1 Italian Culture

The Global Volunteers website describes Italians as welcoming people who enjoy sharing the satisfactions of life with others. They are depicted as people who enjoy home-cooked meals and love to share good jokes. Family is an extremely important part of life for most Italians. Sons normally live at home until their mid 20's, and parents tend to live in their children's home to help raise their grandchildren. Aunts and uncles are likely to play vital roles in the lives of many Italians. The extended family is considered the main source of security for most Italians (Global Volunteers, 2004)

Italian food also plays a significant role in their culture. Food to them is about traditions, culture, values, and family. Many Italians use food as a way to stay close with their family. Lunch and dinner are times where the family can congregate and share stories with one another. Having a good meal is highly important to many of their people; they generally put forth a lot of time and effort in order to make their meals remarkable.

Most Italians are Roman Catholic. Just 10 years after the crucifixion of Christ, Christianity came into Italy. Since then, the Catholic faith has had a major influence on the Italian culture and civic life. The Catholic faith has helped to create the great appreciation that many Italians have for music and arts, although the church's influence on Italian life has diminished over time. (Cultural Profile Project, n.d). Now only about

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1/3 of Italians attend Sunday Mass on a regular basis. Of the Italian residents in Victoria, 93.7% were Western Catholic and 1.6% had no religious affiliation, compared to the 17.3% of Victorian's with no religious affiliation.

Of the 218,718 Italy-born residents in Australia in 2001, the largest numbers lived in Victoria,and primarily situated in metropolitan Melbourne (80,740 residents). The number of Victoria's Italy-born residents, however, has declined by 8.4% between 1981 and 1996. At the time of the 2001 Census, 91.2% of Victoria's Italy-born residents had arrived before 1981. Figure 2 shows the age-structure of the community.
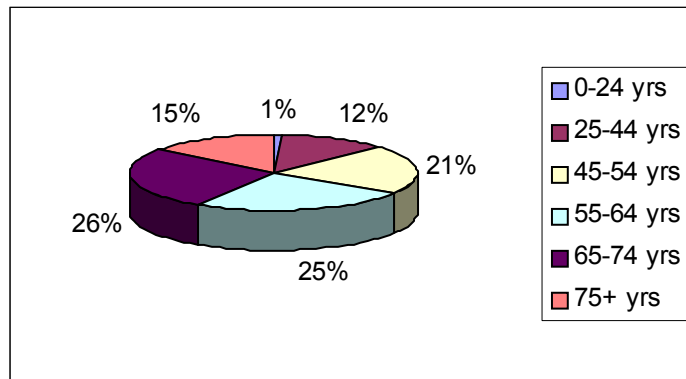
Figure 2 - Age Distribution of Italy-born Residents in Victoria

The Italy-born residents tend to belong to long-established communities, as reflected in the median age of 61 years, compared to 36 years for Victorians. Within the established communities, there were indications that family is very important in Italian culture. Figure 3 shows that many of Victoria's Italy-born residents live in a family where there is a mother, father, and children.
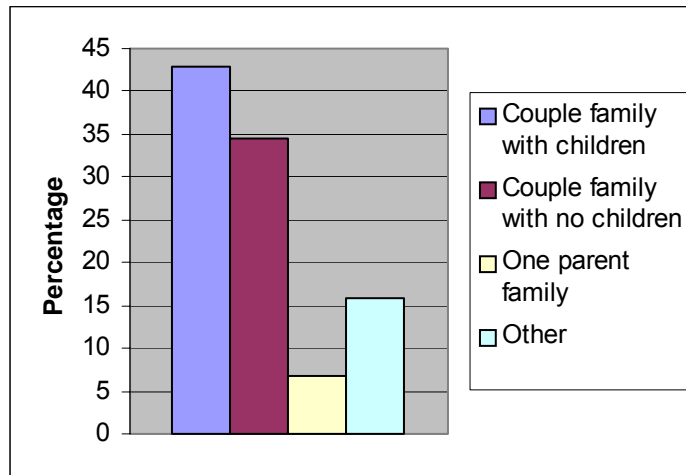
Figure 3 - Italian Household Distribution in Victoria
(The term "couple family" refers to a married couple.)

The unemployment rate of the Italy-born residents was 4.8% (6.8% for Victorians). Conversely, there were 30,756 employed Italy-born residents: 19.5% were professionals and associate professionals; 18.9% were tradespersons and related workers; 14.8% were clerical sales and service workers; and 12.6% were laborers and related workers. Most of the Italy-born residents were employed in the private sector (88.6%); the Commonwealth Government employed 2.5%; 4.2% were employed by the State Government; and 1.2% were employed in Local Government. The Italy-born residents were mainly employed in wholesale and retail trade (21.5%); in manufacturing (20.9%); in construction (13.7%); and 10.4% in finance, insurance, and business services (www.voma.gov.au).

2.4.2 Vietnamese Culture

One of the most important celebrations in Vietnamese Culture is the New Year Festival, which may occur in late January or early February. Many of the Vietnamese feel that the first day and week of the New Year will determine the fortunes and misfortunes for the rest of the year. When considering the types of foods the Vietnamese eat, there is one in particular that is most prominent. It is almost impossible for most of them to even consider a meal without rice. Rice is so essential to the Vietnamese that it has been called the essence of their culture. Not only has rice been a major food source, but also a way of life in Vietnam. Many children begin working on rice farms at a young age.

Both the moral and religious life of most Vietnamese people is influenced by a combination of philosophical teachings. A large majority of the Vietnamese practices "triple religion," a faith that combines the philosophies Buddhism, Taoism, and Confucianism. A smaller portion of their community is Catholic, with an even lesser number following the Protestant faith. More than half (58.5%) of the Vietnam-born residents in Victoria were Buddhist; 21.5% were Western Catholic; and 11.1 percent had no religious affiliation.

There were 154,833 Vietnam-born residents in Australia in 2001. The largest numbers lived in New South Wales (40.7% of the total) and Victoria (36.6% of the total). Between 1996 and 2001 Victoria's total number of Vietnam-born residents increased by 2.6% between 1996 and 2001. Most of Victoria's Vietnam-born residents lived throughout the metropolitan Melbourne area. At the time of the 2001 Census, only 17.3% of Victoria's Vietnam-born residents had arrived before 1981, reflecting the majority of Vietnam-born residents tending to belong to younger, mid-adult age groups. Figure 4 displays the age-structure of the community.
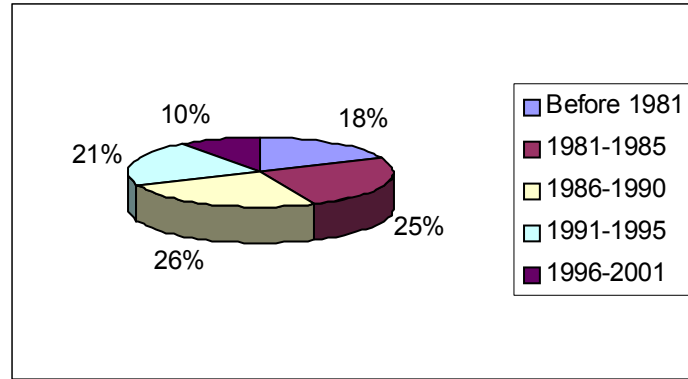
Figure 4 - Age Structure of Vietnam-born Residents in Victoria

Unlike the Italian residents, the Vietnamese residents belong to a younger community, with the median age being 37 years. Similar to the Italian's value of family, a majority of Vietnam-born residents live in a family where there is a mother, father, and children, as shown in Figure 5.
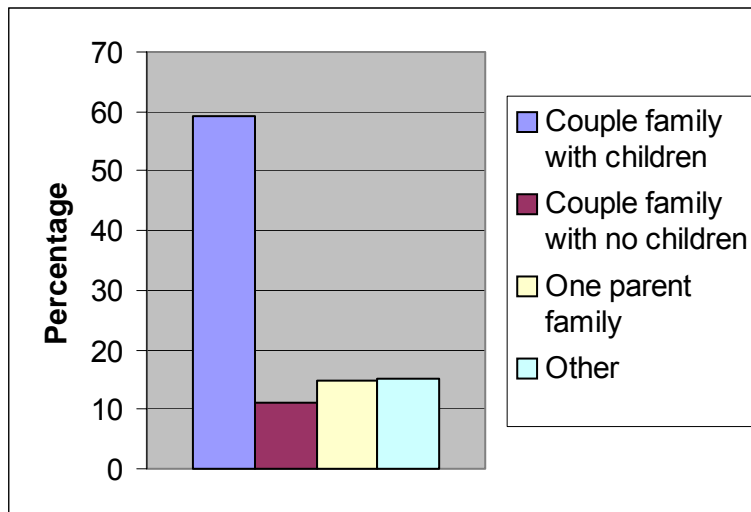
**Figure 5 - Vietnamese Household Distribution in Victoria**
(The term "couple family" refers to a married couple)

The unemployment rate of the Vietnam-born residents was 20.4%, which is quite higher than the Italian residents. Of the 26,493 employed Vietnam-born residents 23.2% were production and transport workers, 21.9% were professionals and associate professionals, and 16.8% were laborers and related workers. Most of the Vietnam-born residents were employed in the private sectors (86.3%); the Commonwealth Government employed 4.2%; the state government employed 2.9%; and 0.5% was employed in local government. The Vietnam-born residents were mainly employed in manufacturing (41.4% of the total employed), and 11.3% in finance, insurance, and business services (www.voma.gov.au).

According to the 2001 Census, 85% of Victoria's Italy-born residents spoke

Italian at home and only 13.8% spoke English. Similarly, 78% of the Victoria's Vietnam-born residents spoke Vietnamese at home and only 1.8% spoke English. Figure 6 shows the various levels of self-assessed English proficiency of the residents who spoke another language.
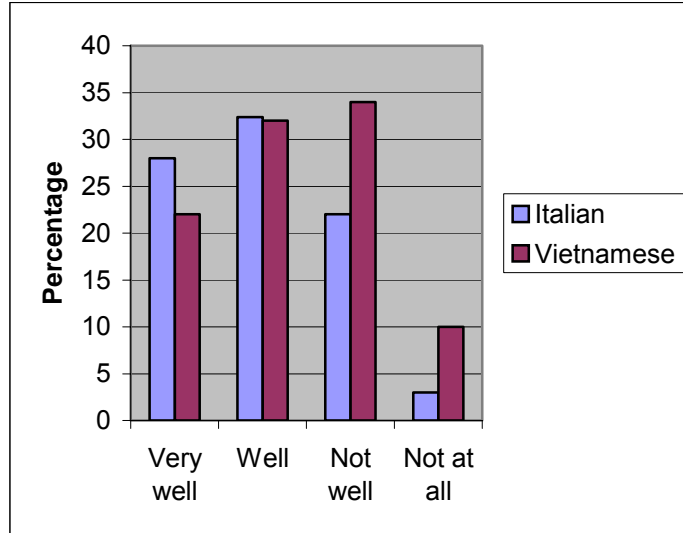
Figure 6 - Italian and Vietnamese Self-Assessed English Profiency in Victoria

3 Methodology

The goal of our project was to develop an outreach plan that would increase the accessibility of RVIB services to CALD communities. In particular, we wanted to explore ways of enhancing access to services for the Vietnamese and Italian communities in the eastern metropolitan Melbourne area. We focused our efforts on these two ethnic groups because they were populous in the specified area and RVIB had translated resources readily available. Furthermore, we aimed to make our outreach plan contain communication strategies that are appropriate for multiple CALD communities. From our background research, we decided to use a series of steps recommended by the Cultural Diversity Guide (created by the Department of Human Services), Cultural Resource Kit of the Migrant Information Centre, and the Better Access to Ethnic Services kit produced by ADEC. This methodology was designed to achieve three main project objectives:

- Establishing community networks,
- Developing an understanding of the communities,
- Developing an outreach plan.

We sought to establish community networks by locating existing congregation points and community leaders within the Italian and Vietnamese communities. To develop a better understanding of the communities, we sought to interview CALD professionals and community members to identify the barriers that influence access to RVIB services and strategies. In addition, we sought to obtain the opinions of these contacts on strategies to address those barriers. Our data were analysed to help us generate recommendations to improve knowledge of RVIB services within CALD communities and to establish strong referral pathways. Figure 7 is a diagram that reflects our methodology. This chapter describes how our project objectives were accomplished.
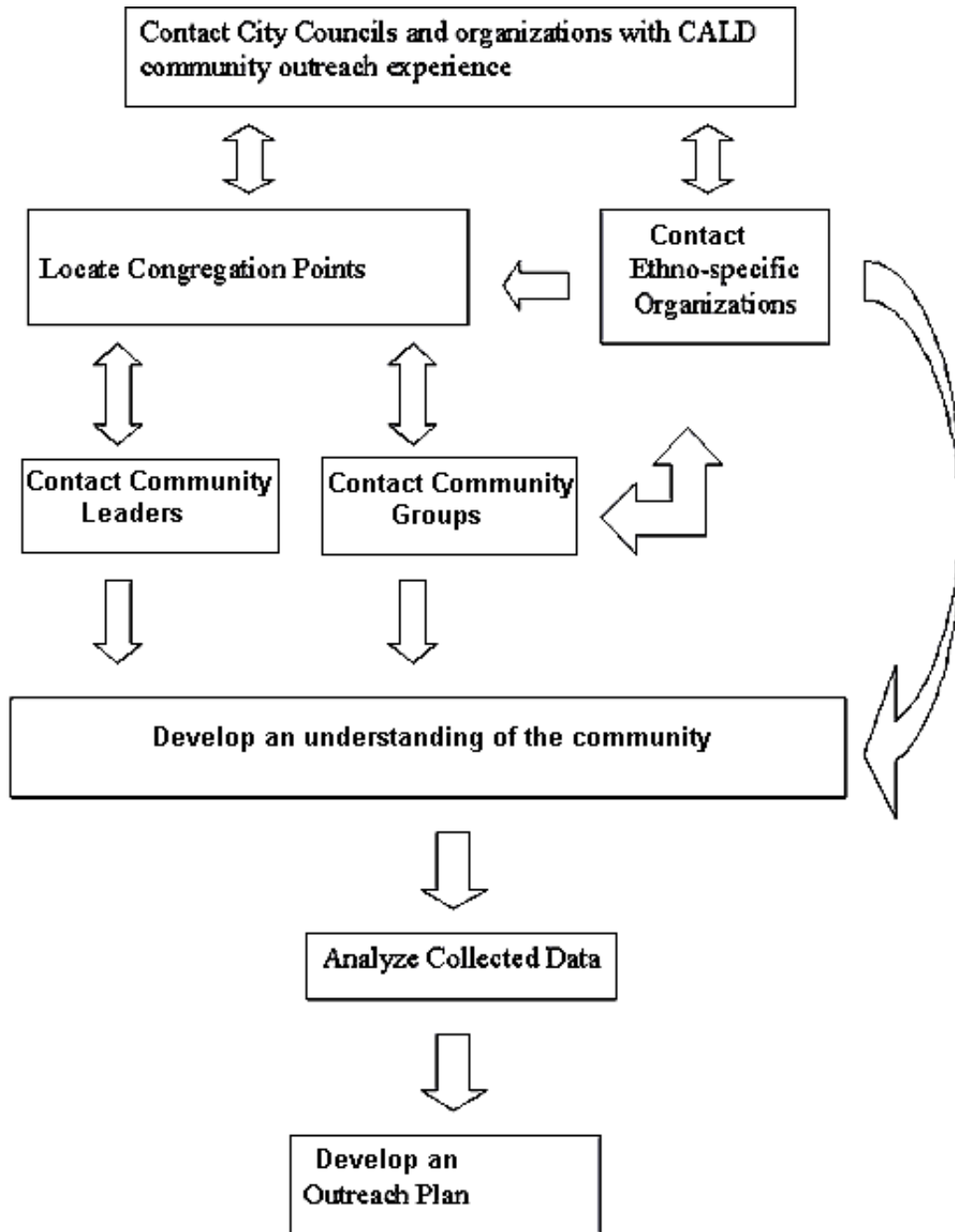
Figure 7 - Diagram of Methodology

3.1 Establishing Community Networks

Within each CALD community, there exist important congregation points and community leaders. Congregation points are places where members of the community interact, such as a church or a social organisation. The community leaders could be religious figures, general practitioners (GP), politicians, or teachers. These people are significant because they usually can influence what information goes into and out of the community; they are the ones who can inform members of their community about RVIB. Through discussion with our liaisons and through background research, we established who our initial contacts would be. From there, we used a method called snowball sampling to establish further contacts with various organisations and members of the communities.

Snowball sampling begins by finding a subject who meets the criteria for inclusion in a particular study. That subject is then asked to recommend others, who they know that also meet the criteria. This process is then repeated to find more subjects. Snowball sampling is used most frequently to conduct qualitative research, mainly through interviews. Snowball sampling is an established method for identifying and contacting populations that are hard to find (http://www.socialresearchmethods.net).

To begin the snowball sampling process, we sought to speak with people who were either highly involved with CALD communities or had great knowledge of the eastern metropolitan Melbourne area. Background research led us to commence interviews with the Migrant Information Centre in East Melbourne, which is a multicultural organisation, the City Council of the City of Knox, and the City Council the Shire of Yarra Ranges.

At the Migrant Information Centre we spoke with Judy McDougall, who helped publish a Multicultural Resource Kit in 2004, to see if she could provide us with key contacts. This resource kit provides a Cultural Planning Framework (CPF) that is intended to "enhance the capacity of health and community agencies to more effectively meet the needs of the CALD communities." Judy advised us to contact another multicultural organisation, Action upon Disability within Ethnic Communities (ADEC), which is similar to the MIC, and two ethno-specific organisations: Italian Association of Assistance (CO-AS-IT); and Ethnic Community Council of Victoria (ECCV). She also made clear that in order to successfully communicate with CALD communities one of the most important steps is to identify the leaders of the community.

Interviews with the ethno-specific organisations and visits to the city councils led us to more resources. We were able to find various Italian and Vietnamese social clubs and churches through those contacts. We considered these to be our congregation points, and sought to visit them to find community leaders and members.

3.2 Developing an Understanding of the Community

Establishing the community networks helped us organise our list of contacts. These contacts were important because they were familiar with the needs of the community and could help us develop an understanding of the community, which is in accordance with the Cultural Diversity Guide. By understanding the community, we

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could begin to formulate strategies on how RVIB can better communicate with them.

We conducted semi-structured interviews with everyone we contacted from the snowball sampling process. Three separate groups of people were interviewed: professionals who have worked with CALD communities (multicultural and ethno-specific organisations), community groups, and community leaders. The information we sought from each group varied slightly, thus we used a different interview protocol for each group. Each protocol contained between thirteen and sixteen questions that were asked sequentially. The protocols can be found in Appendix C, D, and E.

Our first set of questions in each interview protocol sought a general description of the community or organisation. If it was an organisation, we were interested in finding out how their clients were normally referred to their services. For both community groups and organisations, we sought to understand how blind or vision-impairment was perceived in the community by asking if there were any rituals, common practices, or beliefs associated with being blind or vision-impaired. We aimed our first set of questions to be general issues concerning any patterns of how members of the community locate public health care.

The next set of questions in each interview protocol was intended to be more RVIB-specific. We created these questions while keeping in mind the three barriers that affect access to services that were identified in our background research. For both community groups and organisations, we sought to find out their level of knowledge about RVIB services and if they felt their community or organisation shared the same knowledge. In addition, we were interested in their opinions on why members of the Italian and Vietnamese communities were not accessing RVIB services as much as other populations. In other words, we sought to establish the barriers that affect access and effective strategies that RVIB could use to address those barriers.

We designed our last set of questions with the intent of establishing more contacts to further develop our knowledge of the community network. We sought the names of organisations that RVIB could contact to either advertise through or create promotional events. We looked for information about the leaders of the community or any other representatives of the community with whom we could communicate. We concluded all of our interview protocols by asking for any additional advice or comments from the interviewee.

3.3   Developing an Outreach Plan

All the interview results were recorded and organised into "interview summaries," which can be found in the Appendix. Grouping the interview protocol questions into groups was beneficial because it allowed us to identify recurring patterns and themes. Our analysis of the interviews helped us to develop our outreach plan.

There were two objectives in our analysis:
1. Highlighting effective methods for identifying CALD community groups,
2. Identifying the most common interview responses.

To facilitate the organisation process, we conducted our analysis one community at a

time.

To achieve our first objective, we followed the Cultural Diversity Guide by creating demographic profiles for both the Italian and Vietnamese communities, which outlined their locations and congregation points throughout eastern metropolitan Melbourne area. Information on all of the multicultural organisations, ethno-specific organisations, community leaders, and community groups that we contacted were put into spreadsheets that contained the following: the name of the organisation and person we contacted, the name of the community leader or member, telephone number, and address. These spreadsheets can be found in the Appendix.

For our second objective, we sought to begin formulating strategies on how RVIB could improve communications with the communities. The motivation for our second objective came from the Resource Kit by MIC: Consumer Feedback and Consultation – analysing and considering the issues and needs of CALD communities. From our interview summaries, we looked for reoccurring themes in the groups of questions that addressed cultural sensitivity issues, knowledge of RVIB services, barriers that affect access and ways to overcome, and promotion strategies.

Once the analysis for each community was completed, we compared the results for each community by looking for similarities and differences between the patterns or themes found. By performing this comparison, we could then begin to create our outreach plan.

4 Findings

This chapter of the report is divided into two parts. The first section discusses the networking strategy we used when attempting to communicate with the Italian and Vietnamese communities. It describes the advantages and disadvantages to the approach we took in establishing community networks, and also identifies the people and organisations that we contacted. The second section explains the information we received during the interviews and provides an analysis of the data we gathered. The responses to the interview questions are also discussed and recurring themes are examined.

4.1 The Networking Strategy

In order to establish a list of contacts, we attempted to identify the community networks of the Italian and Vietnamese communities. *In developing these networks, we found it to be most effective to communicate with multicultural organisations first.* This finding was not described in the reports that contributed to our background research. Our results suggest adjustments to the existing outreach models that have been discussed in the background chapter. This section provides justifications for this finding by describing the successes and failures we encountered when trying to develop the Italian and Vietnamese networks. The following section also describes how the Italian community networking process was more successful than the Vietnamese.

When we began the networking process, we first contacted the Migrant Information Centre, where we spoke with Judy McDougal and Wina Kung. They provided us with previous CALD outreach strategies, as well as the 2002-2003 Victorian Multicultural Resources Directory, which is published by the Victorian Office of Multicultural Affairs. This directory is intended to assist people working in and with Victoria's multicultural communities. A range of important contact details for various communities is provided in this directory. This document led us to numerous valuable contacts that would have otherwise been very difficult to locate. The Multicultural Resources Directory can be found at http://www.voma.vic.gov.au/mrd. One contact in particular we received from the directory that was very useful to us was CO-AS-IT, an Italian specific service provider that offers a range of educational, welfare, and social services to Italian speakers in the Melbourne area. After discovering the existence of CO-AS-IT, we arranged an interview with Walter Petralia, a member of the organisation. This interview proved to be very helpful and may not have been conducted if the MIC had not provided us with their contact.

We also visited the local government councils of Knox and Yarra Ranges at the start of networking process. We hoped to find listings of community groups and churches that the Italian and/or Vietnamese community members frequent. The councils gave us community directories that contained listings of churches and community centres. We also reviewed local phonebooks in an attempt to find similar community centres or social groups. Using these resources we were able to locate a number of Italian

and Vietnamese social clubs and churches such as; the Italian Community of Keilor Association Inc., the Italian Pentecostal Church, the Italian Private Social Club, the Italian Sports Club of Werribee, the Knox Italian Community Centre, the Blackburn North Baptists Church Vietnamese Fellowship, and the Indo-Chinese Elderly Association in the Eastern Suburbs.

When we attempted to contact ethnic social groups however, we discovered that many members and leaders of CALD communities had little to no English proficiency. Our results show that a main barrier of RVIB contacts with CALD communities is the inability of RVIB to efficiently communicate with members of these communities, due to the language barrier that exists. We attempted to contact members and leaders of ethnic social groups and churches. These contacts occurred through phone calls and in person visits. Contact with these organisations was generally unsuccessful because Italian and Vietnamese groups had little English speaking proficiency, which caused them to be reluctant to help because many would get frustrated during the conversation. Furthermore, the language barrier led to misunderstandings of our attempt to set up interviews which was most apparent during our attempts to contact the Vietnamese community organisations. Interviews with members of the Vietnamese communities were unsuccessful mainly because respondents often felt they did not have useful information or help for us.

When contacting the Italian community, we noticed that it was more successful when communicating in person rather than by phone. The biggest problem we noticed during phone interviews was that there was a lack of willingness to help. Contacting these groups in person, however, also presented many problems. We discovered the inefficiency of visiting offices without appointments and there were many times when the appropriate contact person was not available or the offices were closed. Many of our attempts with the Italian social groups resulted in information we could have obtained over the phone, if there was no language barrier present. We feel that if an interpreter made the initial phone calls to these social groups, then the information would have been passed on much more efficiently.

We noticed that the Vietnamese community groups had a greater language barrier than the Italian community. We correlated this finding to information we discovered in our background research. On average the Italian community is much older than the Vietnamese community throughout Victoria, and arrived in Australia at a much earlier date. For these reasons, the Italians have been able to have children and grandchildren in Australia. These younger generations are of great importance to these communities since they have better English proficiency, thus diminishing the language barrier. We discovered during the interviews that the younger generations of CALD communities act as translators for the lower English proficient members. This information is described in more detail in The Interview Results section. The lack of success when attempting to establish networks within the Vietnamese community resulted in our decision to focus our efforts more on the Italian community since communication was easier.

After the discovery of these organisations and the struggles we faced trying to contact members of the Italian and Vietnamese communities, we realised that the manner in which we were making contacts was inefficient. By contacting ethnic social groups

directly we made little progress with developing a community network, which led us to reorganise the manner in which we attempted to reach the Italian and Vietnamese communities. Through reorganisation, we realised the agencies we attempted to contact could be divided into three categories: first tier organisations, second tier organisations, and third tier organisations. First tier organisations are the two prominent multicultural support organisations in the Melbourne area: the Migrant Information Centre and Action upon Disability within Ethnic Communities. Second tier organisations are ethno-specific organisations such as CO-AS-IT. These organisations work solely with one CALD community by providing them with services and information that may be hard for community members to locate. Third tier organisations are the culture specific social groups where members of a CALD community come together and interact with one another on a personal social level.

4.2   Interview Results

We divided our interview protocols into three main sets of questions. The first set of questions focused on cultural sensitivity issues that related to how blindness or vision impairment is perceived in the Italian and Vietnamese communities. This set of questions was designed to further our understanding of the two cultures. The second set of questions sought to determine the level of knowledge of RVIB services within the two target communities, and also other barriers that may hinder access to RVIB services by these communities. We also looked for ways to address these barriers within the second set of questions. The third set of questions focused on establishing more contacts within the communities. These contacts have already been discussed in the Networking Strategy section of this chapter. The next two sections describe the responses we received during the interviews and are divided up into the first and second parts of the interview protocols: cultural sensitivity and ethnic community knowledge of RVIB services.

Cultural Sensitivity

Interviews with members of the Italian community indicated that blindness is perceived within the Italian culture no differently than the general population. Our understanding of the way the general population perceives blindness is that if one has a vision problem, they will seek help. Vision impairment and blindness are not looked down upon. As stated by all the respondents within the Italian community, there are no rituals, common practices, or beliefs involving blindness or vision impairment within their community that differ from the general populations. Michael Palandri, a member of the Knox Italian Community Centre, thought that most members of the Italian community would seek medical help if necessary. He felt vision problems would be handled no differently than with other health problems. This perception can be related to the religion of the Italian community. Most Italians are Catholic as are a large portion of the general population of Australia. John Miisino, the pastor of the Italian Pentecostal Church in Brunswick, felt as though the members of his church would seek help if they had a vision problem. He was not aware of any rituals or common practices that are related to

blindness or vision impairment.

Unlike the Italians, the Vietnamese community is split between two religions: Catholicism and Buddhism. This difference in religion causes different perceptions of the blind and vision impaired within the Vietnamese community. The views of the Catholic Vietnamese community are similar to those of the Italian community. Huu Tran of the Vietnamese Community Association in Victoria (VCA/Vic) (who we were able to locate through the Multicultural Resources Directory) was not aware of any "uncommon" practices that a majority of the Vietnamese population followed. The Buddhist Vietnamese community, however, may view blindness and vision impairment in a different manner. Huu Tran explained that the parents of a Buddhist friend viewed blindness as an unfortunate punishment from God because of a wrongdoing in their previous life, which may cause shame within the family and the unwillingness to seek help from outside of the family.

Licia Kokocinski of ADEC also stressed that the lack of cultural appropriateness by many service providers may be a barrier that affects access by ethnic communities. Ms. Kokocinski explained that if people do not feel welcome at an organisation they will not make use of the services offered. During this interview she expressed a large focus on importance for RVIB to cater to the cultural needs of ethnic communities. Ms. Kokocinski provided us with many tactics for RVIB to use in order to make ethnic communities feel welcome at their agency. These tactics are described in the recommendations chapter of the report.

Ethnic Community Knowledge of RVIB Services

We found that the lack of knowledge within CALD communities about RVIB services proved to be the main barrier that has affected service access. Vincy Borrelli, who works at the Wandin Senior Citizens Centre interacts with Italian senior citizens on a daily basis, thought that the Italian community might not utilise RVIB services because of a lack of knowledge that the services exist. She explained that many of Italian senior citizens were unaware of the benefits available to them her organisation informed them, so there may be similar reasoning with RVIB services. Ms. Borrelli also explained that if these elderly persons needed medical assistance such as that of RVIB, they would generally use a member of the younger generation to act as a translator for them. This younger generation could be people such as children, grandchildren, nieces or nephews. Ms. Borrelli felt as though this is highly common when dealing with elderly Italians and that language is not the main reason for the Italian community to under utilise RVIB services.

Walter Petralia of CO-AS-IT, a community organisation for Italians and Australians of Italian descent, agreed that lack of knowledge within the Italian community is the main reason for underutilisation of RVIB services. When asked about ways to address this barrier, Mr. Petralia provided us with valuable recommendations on how to promote RVIB services to the Italian community. Similar to what we learned from the Cultural Diversity Guide, Mr. Petralia said the most important step in gaining pathways into the Italian community was to make a partnership with his organisation. This partnership would generally consist of some type of verbal meeting between

members of CO-AS-IT and RVIB. The members of the organisations would seek to establish a set of goals for one another. Within these goals RVIB would focus on requesting that CO-AS-IT promote the knowledge of RVIB to members of the Italian community. A partnership with CO-AS-IT would allow RVIB to be aware of opportunities for promotional events and locations to host presentations. In this way, RVIB would be able to increase the knowledge of their services within the Italian community. Mr. Petralia also said radio media is a good strategy for service promotion within the Italian community because a large portion of the Italian community listens to the radio on a regular basis, especially the elderly.

Alongside, Licia Kokocinski of ADEC also recommended that RVIB form a partnership with her organisation, as ADEC has experience with service outreach towards CALD communities, but more specifically with disability. This partnership would have similar contingencies as the partnership with CO-AS-IT. There would be a verbal agreement between members of ADEC and RVIB where requests for either organisation would be made. Again, RVIB could ask that ADEC help spread the promotion of their services into CALD communities, and also provide any assistance in interacting with these communities.

Many of the communication strategies recommended by our interviewees have been placed into the Ethnic Access Strategy (EAS) that we have formulated in the next chapter of the report. This EAS was designed using interview responses, resource materials, and the personal experiences we have encountered when attempting to establish networks in the Italian community. We feel this strategy can be used as a guideline by RVIB to create better access pathways into ethnic communities.

5   Ethnic Access Strategy (EAS)

The Ethnic Access Strategy (EAS) is a plan we have developed that is intended to aid RVIB in their efforts to create better access pathways into CALD communities. We created this strategy using the data we gathered through background research, interviews, and the successes and failures we encountered when trying to implement existing strategies. The EAS addresses the barriers we identified that prevent ethnic communities from utilising RVIB services. Figure 8 is an illustration of the Ethnic Access Strategy.

The basis of this strategy is to begin by establishing community networks within a desired ethnic group. In doing so, RVIB should be able to provide culturally appropriate services by developing a better understanding of the target culture and increasing awareness of RVIB services into that community. The following sections describe the process of establishing community networks and how these networks should enable RVIB to create better access pathways.
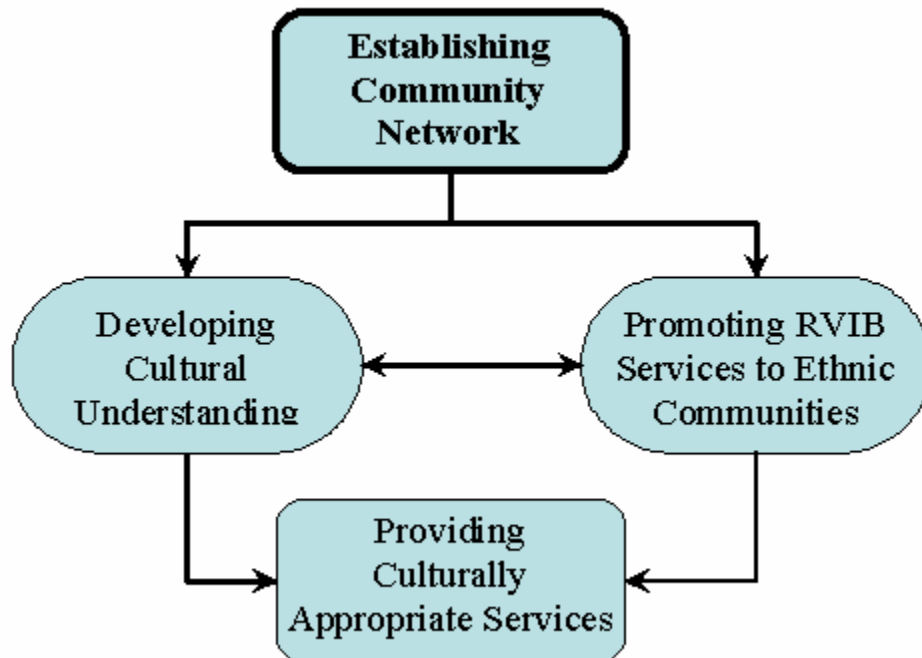
Figure 8 - Diagram of Ethnic Access Strategy

Establishing community networks is the basis of the Ethnic Access Strategy. During this process RVIB should be able to develop cultural understanding of a target community and also promote their services to that community. Once this is done RVIB should be able to provide culturally appropriate services using the cultural knowledge that they will have gained and the ethnic clients they should receive. The process of establishing community networks can be divided into three steps where each step relates to contacting a tier of organisations, as shown in Figure 9. Step one is to contact the first tier organisations, which are located in Melbourne. The first tier is comprised of two multicultural organisations known as the Migrant Information Centre and Action upon Disability within Ethnic Communities. RVIB should use these first tier organisations to help gain contact with the second tier organisations, which is the next step in the EAS. The second tier organisations consist of ethno-specific organisations throughout Victoria. These organisations provide support to a specific ethnic community in the area. Once contacted, these second tier organisations will be able to help RVIB complete the third step in the strategy. The third step is to make contact with third tier organisations, which are made up of ethnic social groups in Victoria. These groups may be churches, community centres, elderly centres, youth groups, and women's groups.

Communication with each tier is a step RVIB can take to gain access into ethnic communities. It is important to note that contact with all three tiers is likely to be advantageous, but contact priority is much higher in the first two tiers. The first tier is critical because it begins the community networking process and can lead RVIB to further contacts. The first and second tiers are the most beneficial because they are able to provide RVIB with ethnic community knowledge and make them aware of promotional opportunities to ethnic communities. It is important to contact these organisations because without their advice it may be difficult to determine which third tier organisations would be beneficial to contact. The contact with the first and second tiers should make the process of gaining access pathways into ethnic communities quicker and more effective. These three tiers and the resources they have to offer will be described in more detail in the following sections.
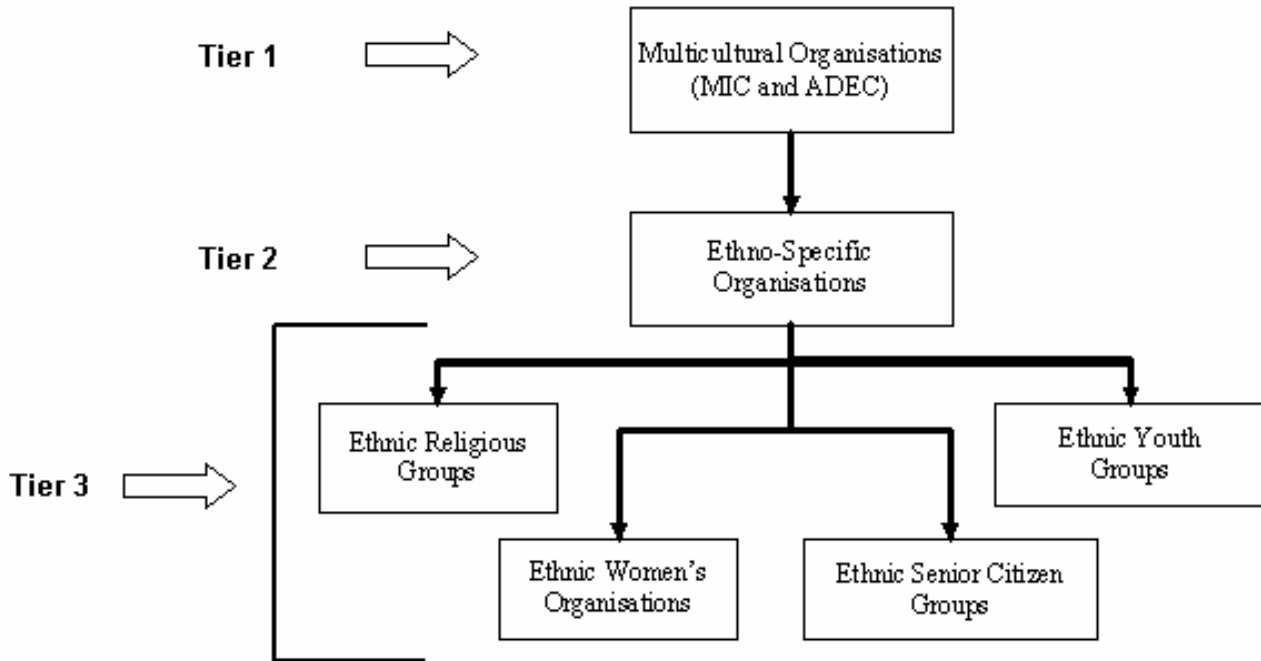
Figure 9 - Community Network Model

5.1   Step One: Partnering with First-Tier Organisations

The Migrant Information Centre (MIC) and Action upon Disability within Ethnic Communities (ADEC) are two major resources that have a broad range of knowledge of many ethnic communities. These first tier organisations are well educated on cultural sensitivity issues, and can provide RVIB with information on how to properly service ethnic communities. Along with translators in multiple languages there is high English proficiency within their workforce. The opportunity to communicate with people that have high English proficiency is very beneficial to RVIB because information can be exchanged without the fear of miscommunication. These first tier organisations also have the ability to provide municipalities and smaller agencies with contacts to ethno-specific agencies and social groups within a particular community. Their guidance can provide RVIB with more contacts into ethnic communities.

The MIC and ADEC can also provide RVIB with opportunities to host promotional presentations and make RVIB aware of ethnic community events. It has been recommended by various respondents that RVIB create partnerships with these first tier organisations. These partnerships would consist of a verbal agreement governing what it is that RVIB hopes to achieve from a partnership, which would be to spread knowledge of their service to ethnic communities.

First tier organisations also provide a range of cultural awareness training and

contact information on where these training services are located. RVIB should question these organisations on matters such as vision impairment and health care provision within ethnic communities. In addition, RVIB should ask for methods to enhance service promotion and whether there are any ethno-specific organisations in Victoria that focus on the target culture. If RVIB is attempting to locate an ethnic community that is not prominent throughout Victoria and no ethno specific organisations exist for this community, RVIB is then advised to ask MIC and ADEC for information on third tier organisations. RVIB should question these multicultural organisations on which third tier organisations will be beneficial to speak to and how they can attempt to contact these places.

5.2   Step Two: Partnering with Second Tier-Organisations

Ethno-specific (second tier) organisations typically operate on a municipality level, having more direct contact with individuals from a specific CALD community than first tier organisations. These organisations are devoted more towards one specific community. Second tier organisations have contacts with social groups and community leaders within one CALD community.

After MIC and ADEC provide RVIB with ethno-specific organisations, these places should also be questioned about cultural beliefs on matters such as vision impairment in their ethnic community. The ethno-specific organisations can play a key role in identifying cultural values because they work regularly with their specific ethnic community. While establishing community networks with these first two tiers RVIB should be able to develop a cultural understanding of the target ethnic group. A development of cultural understanding should enable RVIB to more appropriately communicate with the ethnic community and the third tier organisations. Similar to the multicultural organisations, tier two establishments will be highly beneficial because the generally have a high English speaking proficiency within the agency.

Second tier organisations are able to provide RVIB with ethnic media resources, which is another very useful way to promote RVIB services. Ethnic media includes ethnic radio stations, television, and press. Recent research conducted by the Special Broadcasting Service (SBS) found that over 53% of people from non-English speaking backgrounds listen to ethnic radio stations. Even higher proportions of particular groups watch pay TV programs in their native language. The table provided in Appendix E provides a list of ethnic media outlets in Victoria for the top seven non-English speaking communities in Victoria. An extended list of ethnic media for CALD communities can be found in the Multicultural Resources Directory produced by the Victorian Office of Multicultural Affairs.

Ethno-specific organisations generally have translation services available within their agencies, or have contact information for translators within the area. These translation services can be trusted for cultural appropriateness because they are commonly used within the community, and the second tier organisations are aware of cultural sensitivity issues. Translated material must always be checked for cultural appropriateness during translation in order to avoid offending anyone within the

community. When communicating with CALD communities it is important to understand that certain phrases or terminology will be viewed differently and could potentially hinder access to services. A list of translating services located in Victoria is provided in Appendix F.

Finally these second tier organisations should be questioned for further contacts. The ethno-specific organisations can provide RVIB with a list of third tier organisations that are described in the next section. RVIB should question these second tier organisations as to what other agencies would be most beneficial to speak with, or hold promotional events at. It is important to note that in some ethnic communities it may not be beneficial to contact third tier organisations because either the language barrier is too great, or the ethno-specific organisation plays such a key role in the community that contact with third tier is just not as effective. These third tier agencies are described in the following section.

5.3   Step Three: Contacting Third-Tier Organisations

Third tier organisations are social groups that work directly with members of ethnic communities. Members of these groups are individuals who belong to a specific ethnic community. Contact with third tier organisations can allow RVIB to create a direct relationship to people within CALD communities.

As emphasised in the BEATS Kit, a highly effective method of promoting services directly to the community is to locate translated material in places that are familiar to people of particular ethnic or language backgrounds such as: schools, elderly homes, community centres and churches. It is important to understand that many of RVIB's clients are elderly, thus it is necessary for RVIB to place emphasis on contacting ethnic elderly homes. It may be beneficial to hold presentations or promotional events at these locations. RVIB should be aware that many of these elderly citizens might have low English speaking proficiency; thus a translator may be necessary. Even though many RVIB clients are elderly, it is still essential to make the younger generation aware of RVIB services as well. The reason for this is because it is common for this generation to be the carers of the older members of the family. The younger generations also frequently act as translators for their parents, grandparents, aunts and uncles when necessary. Although RVIB is advised to use professional translators to ensure that all the appropriate information is being relayed to the ethnic client.

In some ethnic communities it is important that the local churches are reached and translated materials are given out, but this depends on the community's views toward religion, as the importance of religion varies amongst ethnicities. In order to determine which ethnic communities utilise church services on a regular basis, we recommend RVIB consult with the second tier organisations on this matter.

Summary of EAS

By gaining contact with the three tiers described in this chapter, RVIB will be able to gain an understanding of the target culture, and therefore provide culturally appropriate services. Also, by contacting these tiers RVIB can better promote their

services to CALD communities.

The first and second tier organisations are able to provide RVIB with guidance as to whom they should contact, and also with information on opportunities for promotional events. If these organisations feel it is essential that RVIB contact third tier organisations then appropriate communications should be made. We found however, this contact may not be necessary within some communities because the ethno-specific organisations play such a key role in contacting the community. We suggest that RVIB ask these ethno-specific organisations if they should hold promotional events at their organisation or any of the third tier organisations. These methods may vary amongst cultures so it is critical that RVIB request information from these first and second tier contacts as to what the most effective pathway into the target community may be.

6   Conclusions and Recommendations

This chapter presents the conclusions that we have made based on our interview results and recommendations for RVIB to create better pathways into CALD communities. Key findings are summarised, followed by recommendations for RVIB. Our recommendations are presented in three sections: the first section contains short-term recommendations for RVIB, which involves the implementation of the Ethnic Access Strategy into the Italian community; the second section contains longer-term recommendations to extend RVIB efforts to other CALD communities. Lastly, suggestions for future work and research are offered.

Our findings led us to conclude that primary contact with members of third tier organisations was not a productive approach. The communication was ineffective because language barriers resulted in the contacts' misunderstanding of our intentions. In order to successfully reach out to CALD communities, we recommend that RVIB make contacts following the order presented in the Ethnic Access Strategy.

Our findings led us to conclude that the lack of awareness of RVIB services within the Italian and Vietnamese communities is the main barrier that affects service access. To overcome this barrier, we recommend RVIB form appropriate partnerships with the Migrant Information Centre (MIC) and Action upon Disability within Ethnic Communities (ADEC), as described in the Ethnic Access Strategy. These organisations have the knowledge to help RVIB design promotional events and offer cultural training. MIC and ADEC have the resources, including contact information for ethno-specific organisations, to help RVIB create effective community networks. We recommend RVIB form similar partnerships with second tier organisations, the ethno-specific organisations. These organisations, which can provide contacts with third tier organisations could further aid in promotional events and cultural understanding.

6.1   Short-term Recommendations

We recommend RVIB implement the Ethnic Access Strategy (EAS). Through the study of the Italian and Vietnamese communities, we believe each CALD community has a separate community network. These networks have been presented in the EAS.

Implementation should begin by contacting multicultural organisations. We recommend RVIB form partnerships with the MIC and ADEC as the first step towards service provision within CALD communities. These partnerships can begin development simply by contacting Judy McDougall of MIC and Licia Kokocinski from ADEC. Contact with these two multicultural organisations begins the community networking process.

We recommend that RVIB focus their outreach towards one community at a time. Since our Italian community network was more extensive than the Vietnamese community, we recommend that RVIB begin with the Italian community. The average age of the Italian community is older than the Vietnamese; therefore, there is likely more need for RVIB services within the Italian community since a majority of RVIB's clients

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are elderly. Furthermore, the Italian community is a good choice as the first target CALD community because the Italian community is the largest non-English speaking community in Victoria (2001 Australian Census). Moreover, there is a prominent population of Italians in the Local Government Area of Knox and Yarra Ranges, which is where the RVIB Eastern Region office is located.

Another short-term recommendation would be for RVIB to form a partnership with CO-AS-IT, an ethno-specific organisation. CO-AS-IT is the leading Italian community organisation in Victoria. This partnership should help RVIB to be personally connected into the Italian community since CO-AS-IT can provide locations for RVIB to hold informational sessions and presentations. These locations are the third tier organisations.

The following is a listing of recommendations as key steps to follow once the partnership with CO-AS-IT is formed.

- Maintain and Update Italian community contact list – Maintenance and updating can be done by consistent communication with the MIC. The MIC has the most up-to-date multicultural directory. RVIB can contact the MIC and request updates regarding the Italian community groups. Consistent contact with CO-AS-IT should also aid in keeping an updated list of active Italian community groups.
- Contact organisations and groups within the Italian community – With the help of CO-AS-IT, we recommend RVIB begin to contact Italian-specific community groups in order to begin promoting RVIB services to the Italian community.
- Organise informational sessions – We recommend RVIB begin to gain knowledge of the Italian culture, in regards to traditions, holidays, and religion. In doing so, informational sessions can be presented in a culturally appropriate manner. This cultural understanding can be achieved through contact with CO-AS-IT.
- Utilise forms of media to promote services – We recommend RVIB use the list of media contacts, provided in Appendix F, to begin increasing the awareness of RVIB services within the Italian community.

6.2   Longer Term Recommendations

The short-term recommendations focus solely on outreach towards the Italian community. Longer-term recommendations are presented in this section for extending efforts to other CALD communities. These recommendations are dependent upon the success of the implementation of the EAS within the Italian community. Recommendations presented in this section are meant for future work following the completion of the focus on the Italian community. Many of these recommendations require the availability of time and financial aspects.

We recommend RVIB focus on a non-European community, such as the Vietnamese, once service provision within the Italian community is in progress. By working with a non-European community, RVIB may be able to compare the success and

failure between two distinct CALD communities. Doing so could help RVIB make necessary adjustments to the EAS.

We recommend RVIB target the Vietnamese community within the Dandenong area, as the Vietnamese community is heavily populated in this area. We recommend RVIB to begin the implementation of the EAS within the Vietnamese community by working with MIC to locate the most appropriate Vietnamese community organisations. We recommend RVIB form a partnership with the Vietnamese community organisations with efforts to promote their services within the community.

Another longer-term recommendation would be for RVIB to provide culturally appropriate services to a variety of other ethnic communities. Cultural acceptance involves catering to ethnic community member needs in many aspects of service provision. The following is a list of recommendations for RVIB to display cultural acceptance within its services.

- Display signs in multiple languages
- Translate signs and materials into many different languages, beyond the 3 languages that are readily available. We recommend all frequently used brochures, forms, and signs be translated into the appropriate languages.
- Display language maps, translated material, and visual art from various cultures in the foyer of each office
- Promote all staff to have cultural awareness and acceptance. Cultural awareness and acceptance can range from training current staff members to hiring bilingual or multicultural staff.

6.3   Future Work

The culmination of this project opens many doors to future work in this area. A future project can further our efforts by focusing on the implementation and analysis of the EAS. The future projects can focus on service provision towards CALD communities. The project could entail preparing and utilising different methods to increase knowledge of RVIB services within CALD communities. The results of this project can be used as a comparison of which methods are most successful with different CALD communities.

Another possible project topic involves an assessment of the effectiveness of the EAS. The analysis could focus on statistics of client data within RVIB. Previous client base will be compared to the present base in order to observe differences that may have arose through years of CALD community outreach.

Due to time restraints, we encountered many aspects of this project we did not have the opportunity to address. One possibility to add further value to this is to study the role of general practitioners as a prime source of referrals. Graeme Craig informed us of how clients are referred to RVIB service. He stated that most of the RVIB client referrals comes from general practitioners. This leads to the question, "Why are not CALD clients receiving referrals to RVIB services from general practitioners?"

We found in our research that there were various previous projects aimed to increase CALD community access to mainstream services. These projects involved the

actual implementation of outreach plans. A possible project topic would be to evaluate the findings and results of these projects. The successful methods from all the different studies could be analsed and compiled into one comprehensive outreach plan. The purpose of the project would be to formulate a plan that contains proven methods that RVIB could utilise.

These recommendations would require a large amount of resources. Therefore, we suggest RVIB use their discretion to choose which recommendations to perform. The recommendations provided above provide future project topics that RVIB may have the opportunity to sponsor. The recommendations presented in this report are intended to positively affect the goal of RVIB to create better access pathways into diverse communities.

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Appendix A - Multicultural or Ethno-Specific Organisation Interview Protocol

1. Can you provide us with a general description of your community group/organisation?

2. How are people referred to your services? How do you provide information to your target areas?

3. How are blind and vision impaired perceived in the Italian/Vietnamese community?

4. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to the Italian/Vietnamese culture that you know of?

5. How do members of CALD communities (specifically the Italian and Vietnamese) locate general medical and/or specialist care?

6. Are there any unique patterns of health care service/referrals/providers in CALD communities (specifically the Italian and Vietnamese)? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

7. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

8. There are currently few clients of RVIB that are of Italian/Vietnamese background. What do you think is the reason for this?

9. What do you feel are the barriers that prevent CALD communities (specifically the Italian and Vietnamese) from accessing RVIB services?

10. What can RVIB do to address these barriers?

11. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What form of media is most effective in the Italian/Vietnamese community?

12. If RVIB wanted to promote their services in the Italian/Vietnamese community, how should they go about it and/or who should they contact?

13. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

14. Can you identify other representatives of the Italian/Vietnamese communities? – i.e. religious leaders, community groups, etc.

15.Do any organisations exist that direct this group/organisation? What are they? (Contact info)

16. Are there any organisations subordinate to this organisation, specifically in the Eastern Metro Melbourne area? What are they? (Contact info)

Additional advice, suggestions, or comments:

Appendix B - Community Leaders Interview Protocol

1. Can you provide us with a general description of your community group/organisation?

2. How are blind and vision impaired perceived in this community?

3. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to your culture?

4. How do members of your community locate general medical and/or specialist care?

5. Are there any unique patterns of health care service/referrals/providers in your community? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

6. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

7. There are currently few clients of RVIB that are of Italian/Vietnamese descent. What do you think is the reason for this?

8. What do you feel are the barriers that prevent your community from accessing RVIB services?

9. What can RVIB do to address these barriers?

10. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What do you feel is the most effective form of media in your community?

11. If RVIB wanted to promote their services in your community, how should they go about it and/or who should they contact?

12. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

13. Are there any other representatives of your community we could communicate with, specifically in the Eastern Metro Melbourne area? Who are they? (Contact info)

Additional advice, comments, or suggestions:

Appendix C - Community Groups or Members Interview Protocol

1. Can you provide us with a general description of your community group/organisation?

2. How are blind and vision impaired perceived in the Italian/Vietnamese community?

3. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to your culture?

4. How do members of your community locate general medical and/or specialist care?

5. Are there any unique patterns of health care service/referrals/providers in your community? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

6. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

7. There are currently few clients of RVIB that are of Italian/Vietnamese descent. What do you think is the reason for this?

8. What do you feel are the barriers that prevent your community from accessing RVIB services?

9. What can RVIB do to address these barriers?

10. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What do you feel is the most effective form of media in your community?

11. If RVIB wanted to promote their services in your community, how should they go about it and/or who should they contact?

12. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

13. Do any organisations exist that direct this group/organisation? What are they? (Contact info)

14. Are there any organisations subordinate to this organisation, specifically in the Eastern Metro Melbourne area? What are they? (Contact info)

15. Can you identify proper representatives of your community? – i.e. religious leaders,

community groups, etc.

Additional advice, comments, or suggestions?

Appendix D – Interview Summaries

<u>Interview Summary - Judy McDougall</u>

On Wednesday, March 23rd 2005 at 12:00 PM we conducted an interview with Judy Mcdougall,the Executive Director of the Migrant Information Centre in Mitcham in Victoria, Australia. The following is a list of things Judy felt were important for us to know when we met with her. We were unable to utilise the interview protocol because of the small window of time Judy had to meet with us. The interview consisted mostly of her giving us recommendations on CALD outreach, and persons we should contact.

Key Findings:

- Identify community leaders
- Review cultural resource kit (written by MIC)
- Different media to contact communities – ie. Radio
- CO-AS-IT – statewide, government funded Italian community
- Vietnamese – not a large population, but more prominent in Dandenong
- Identify cultural differences – culturally appropriate?
- Word choice – Be aware of terms used in outreach and communication
    - ie. Mental health = Living a happier life
- Contact ADEC (Action on Disability within Ethnic Communities)

Interview Summary – Walter Petralia

On Monday, April 4th 2005 at 10:00 AM we conducted a telephone interview with Walter Petralia and one of his colleagues (Stella). Walter works with CO-AS-IT (located in Carlton in Victoria, Australia) a community organisation for Italians and Australians of Italian descent. He feels that he has a good understanding of the Italian community in the area, and feels he can provide us with some useful information. His responses to each interview question are summarised below each question and highlighted for emphasis.

1. Can you provide us with a general description of your community group/organisation?
They are a welfare organisation targeting Italian communities in Victoria. They focus a lot on the aged community, as Italians (on average) are older than most other communities.

2. How are people referred to your services? How do you provide information to your target areas?
A duty worker is present five days a week, they are there to take cell phone inquiries and assist anyone coming in off the street. CO-AS-IT also holds promotional events.

3. How are blind and vision impaired perceived in the Italian/Vietnamese community?
They said it's not looked down upon (if that's what I was asking), but elderly people are less likely to get help because they feel it's just age taking it's course and they're stubborn, whereas if a child is blind most parents would seek help.

4. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to the Italian/Vietnamese culture that you know of?
Not sure, but most likely no.

5. How do members of CALD communities (specifically the Italian and Vietnamese) locate general medical and/or specialist care?
General practitioners are simple to find, they will usually use them, and if they have poor vision then they would be referred to an ophthalmologist. If there is a language barrier between the client and the general practitioner (which usually would occur if the client was elderly) they would generally bring in a younger adult to translate. Most of the

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younger generation have a fairly good English speaking proficiency.

6. Are there any unique patterns of health care service/referrals/providers in CALD communities (specifically the Italian and Vietnamese)? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

They will seek help if it is needed.

7. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

Both Walter and Stella have heard of RVIB. Stella was an Italian interpreter so she mentioned doing some work with RVIB. Although the two were unsure if the general Italian community had knowledge of RVIB, their assumption was most likely not.

8. There are currently few clients of RVIB that are of Italian/Vietnamese background. What do you think is the reason for this?

The number one reason is most likely a lack of awareness of the mainstream agency by the Italian community.

9. What do you feel are the barriers that prevent CALD communities (specifically the Italian and Vietnamese) from accessing RVIB services?

(Same as last question.)

10. What can RVIB do to address these barriers?

Walter felt it is very important for the service provider to create a partnership with an ethno-specific organisation or some type of organisation that interacts frequently with CALD communities. They could also use Italian media or hold informational sessions at Italian senior citizens clubs or set up a presentation at CO-AS-IT. They felt it was hard to put out written (translated) material for the Italian community because there are multiple dialects, which only a certain group could understand. Also, Stella said a fair number of the Italian residents are illiterate.

11. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What form of media is most effective in the Italian/Vietnamese community?

The local Italian radio station (Rete Italia) is a good medium as well as the Italian paper (Il Globo). These can both be contacted at 9481-0666

12. If RVIB wanted to promote their services in the Italian/Vietnamese community, how should they go about it and/or who should they contact?

(Explained in question 10.)

13. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

CO-AS-IT would arrange for promotional sessions. It would be wise to talk to the Italian elderly homes as well.

14. Can you identify other representatives of the Italian/Vietnamese communities? – i.e. religious leaders, community groups, etc.

They didn't feel that the Italian community had direct communication with their religious leaders (outside of a church setting).

15. Do any organisations exist that direct this group/organisation? What are they? (Contact info)

No.

16. Are there any organisations subordinate to this organisation, specifically in the Eastern Metro Melbourne area? What are they? (Contact info)

No, they said they were the only Italian organisation in Victoria.

Additional advice, suggestions, or comments:

An emphasis was made on developing a partnership with ethno-specific organisations such as themselves in order to make contact with the Italian (or CALD in general) communities.

Interview Summary – Vincy Borrelli

On April 6th 2005 at 10:15 AM we conducted a phone interview with Vincy Borrelli. She works for the Wandin Senior Citizens Centre (Victoria, Australia) where she interacts with the elderly Italian community on a daily basis. She feels as though she can adequately represent the Italian community. Her responses to each interview question are summarised below each question and highlighted for emphasis.

1. Can you provide us with a general description of your community group/organisation?
Wandin Senior Citizens Centre for elderly people that plan activities for them such as outings or day trips. Vincy Borrelli works with the Italian elderly group on a regular basis and often acts as a translator for them. Vincy has acted as a translator for them at health services before but not often.

2. How are blind and vision impaired perceived in this community?
If someone has a problem with their eyes they will seek help, they're very particular with their eyes.

3. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to your culture?
Nothing out of the ordinary.

4. How do members of your community locate general medical and/or specialist care?
Mostly through the younger generation that has been brought up here. The elderly will normally notify someone (such as a child) that they need help and the child will locate medical assistance for them. The children often go to the doctors with them to act as a translator.

5. Are there any unique patterns of health care service/referrals/providers in your community? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.
(Nothing more than what was covered in question 4).

6. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

Yes she has heard of them before, but not much. Some of the community may have knowledge of RVIB but pretty sure if someone did have vision impairment they would know about it.

7. There are currently few clients of RVIB that are of Italian/Vietnamese descent. What do you think is the reason for this?

Also, from what she has seen, many Italians have really good eyesight, even the elderly. So it may be genetic that they have good vision, and that's why there are so few utilising the services.

8. What do you feel are the barriers that prevent your community from accessing RVIB services?

May be due to lack of knowledge of their services. Many of the elderly Italians were unaware of the benefits they have until Vincy and her organisation informed them.

9. What can RVIB do to address these barriers?

Increase knowledge of their services to the community

10. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What do you feel is the most effective form of media in your community?

There's a radio station that most of the Italian community listen to called Rete Italia. This would be an extremely useful way of promoting the service.

11. If RVIB wanted to promote their services in your community, how should they go about it and/or who should they contact?

RVIB should create newsletters in both Italian and English. If RVIB took them to a place like the Yarra Ranges Health Services, they would most likely be distributed to the appropriate places. They could also drop them off at local churches, medical clinics, community health services, CO-AS-IT, and Italian clubs (these would be some of the places where the Yarra Ranges health services would distribute the newsletters).

12. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

CO-AS-IT, medical clinics, Italian senior citizens centres.

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13. Are there any other representatives of your community we could communicate with, specifically in the Eastern Metro Melbourne area? Who are they? (Contact info)

Dr. DeCincentis is an Italian eye doctor in the area who treats many of the Italians in the area.

Additional advice, comments, or suggestions:

Interview Summary – Michael Palandri

On Wednesday, April 6th 2005 at 1:00 PM we interviewed Michael Palandri, a member of the Knox Italian Community Centre, which is located in Boronia (Victoria, Australia). He is the contact person listed in the Knox City Community Directory for the club. He felt as though he could adequately represent the Italian community. His responses to each interview question are summarised below each question and highlighted for emphasis.

1. Can you provide us with a general description of your community group/organisation?

Fairly small social club that caters to their members. They host various types of functions, but it's primarily a place for members to hang out with Italians and play bocce and socialise.

2. How are blind and vision impaired perceived in the Italian/Vietnamese community?

They will seek help if necessary.

3. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to your culture?

No, not that he is aware of.

4. How do members of your community locate general medical and/or specialist care?

They either ask friends or relatives (younger generations tend to have more knowledge of these types of things).

5. Are there any unique patterns of health care service/referrals/providers in your community? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

They use medical assistance if they feel it is necessary. No unique types of referrals or anything.

6. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

Yes he has heard of it, he's actually been there before because one of the club members worked at RVIB. Michael feels that a majority of the Italian community is unaware of the services.

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7. There are currently few clients of RVIB that are of Italian/Vietnamese descent. What do you think is the reason for this?

Lack of knowledge.

8. What do you feel are the barriers that prevent your community from accessing RVIB services?

Just the fact that they are unaware of the service maybe.

9. What can RVIB do to address these barriers?

Spread the word throughout the community as best as possible.

10. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What do you feel is the most effective form of media in your community?

Italian newspaper and radio.

11. If RVIB wanted to promote their services in your community, how should they go about it and/or who should they contact?

There are notice boards at the club where they could post fliers in both Italian and English.

12. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

Clubs such as this one.

13. Do any organisations exist that direct this group/organisation? What are they? (Contact info)

No.

14. Are there any organisations subordinate to this organisation, specifically in the Eastern Metro Melbourne area? What are they? (Contact info)

No.

15. Can you identify proper representatives of your community? – i.e. religious leaders, community groups, etc.

No.

Additional advice, comments, or suggestions?

Interview Summary – John Miisino

On Wednesday, April 6th, 2005 at 8:40 PM we conducted an interview with John Miisino. He is the father of the Italian Pentecostal Church in Brunswick (Victoria, Australia). We attended the service that lasted from 7:30 PM to 8:30 PM. His responses to each interview question are summarised below each question and highlighted for emphasis.

1. Can you provide us with a general description of your community group/organisation?

He said that the church holds services on Sundays and Wednesdays. He said it was usually a small group, usually Italian families, that attended the services (between 15-30 people).

2. How are blind and vision impaired perceived in this community?

If the person is elderly then they may just depend on their relatives to take care of them.

3. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to your culture?

No, not that he knows of.

4. How do members of your community locate general medical and/or specialist care?

Usually through family members or friends. If the person is elderly then they will take their children or grandchildren with them to help interpret. It helps to have someone in the family who speaks English to go along with them.

5. Are there any unique patterns of health care service/referrals/providers in your community? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

No. They use public health care just as any other community would.

6. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

He has heard of RVIB before, through a former client, but he doesn't know much about them. He feels the general community lacks knowledge of their services.

7. There are currently few clients of RVIB that are of Italian/Vietnamese descent. What do you think is the reason for this?

*John's own wife had vision impairment and could not get around the house on her own. Instead of seeking help from an outside source, he took time off work to stay at home and help her, which may reflect very strong family ties among the Italian community.

8. What do you feel are the barriers that prevent your community from accessing RVIB services?

(Answered in question 7.)

9. What can RVIB do to address these barriers?

Hire interpreters at RVIB.

10. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What do you feel is the most effective form of media in your community?

The Italian radio station is listened to by a majority of the elderly Italian community and would be the most effective means of communication.

11. If RVIB wanted to promote their services in your community, how should they go about it and/or who should they contact?

Find bigger churches and senior citizen centers. Also community clubs are a good place to send fliers.

12. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

Nothing he hasn't already mentioned.

13. Are there any other representatives of your community we could communicate with, specifically in the Eastern Metro Melbourne area? Who are they? (Contact info)

Three other Italian churches in the area: Oak Park, Morland (Baptist Church), and Blackburn.

Additional advice, comments, or suggestions:

Interview Summary - Licia Kokocinski

This interview was held on April 8th 2005 at 10:00 am in our office in Boronia (Victoria, Australia). Licia Kokocinski is the Executive Director at ADEC (Action upon Disability within Ethnic Communities). The following is a breakdown of the key findings from the interview. A standard interview protocol was not utilised because Nancie was very familiar with CALD outreach and was able to provide us with all the information she felt necessary.

Key Findings:

- Informed us of Jayne Gallo, who is/was the driving force of Vision Australia's outreach towards CALD communities. Licia strongly advised contacting her.
- One reason ethnic communities may not utilise mainstream services is because services are not friendly or they are unwelcoming to these people.
- Explained how disabilities within families can often lead to poverty because relatives may need to take time off work to care for someone with a disability.
- Mainstream services need to determine the needs of ethnic communities and why they haven't used the services, by researching and networking.
- The term CALD may seem offensive to some ethnic people. This term is used often when dealing with service providers and organisations, although when dealing directly with the community it would be better to use the terms ethnic, diverse or even immigrant communities.
- Licia gave us a description of services provided by ADEC and what specifically her responsibilities are in the organisation.
- Licia feels that one of the first steps is that all RVIB staff should undergo general cultural awareness training before going any further. The Department of Human Services provides these training sessions for free. The contact for these sessions is Audrey Dropsey (9616 7945).
- Next, she feels it is necessary to form a partnership with ADEC so that they can

help RVIB locate/communicate with these ethnic communities, and to help employees gain a better understanding for ethnic communities in the area.

- ADEC also provides forums for cultural understanding that RVIB staff could attend.

- Licia agreed with our approach to the outreach plan (the three main barriers and ways of addressing them) but also feels as though a fourth section is needed: Cultural Change within the Organisation.

- Two more contacts were given: Joan Cury (runs training programs at ADEC) and Meyer Eidelson (heads the culture strategy across Victoria).

- Licia provided us with the "Cultural Planning Tool" from HACC services, and the "Culture and Linguistic Diversity Strategy" from Disability Services. She also gave us booklets on "Working with Interpreters", "Speaking of Diversity", and "Organising Diversity".

Interview Summary – Nancie Lee

On Thursday April 7th 2005 at 2:30 PM we interviewed Nancie Lee, of the Centre for Culture Ethnicity & Health in Richmond (Victoria, Australia). An interview protocol was not utilised because Nancie was very familiar with CALD outreach and was able to provide us with all the information she felt necessary. She was not particularly familiar with the Italian and Vietnamese communities, but with CALD communities in general.

Key Findings:

- The process of increasing CALD clients within RVIB or a service provider is time consuming. In order to be successful, relationships must be established between service providers and ethno-specific organisations. These relationships will be made over time. Service providers must be willing to and understand that this process will take time.
- All data collected should be comprehensive when dealing with CALD communities. Data should include cultural differences, age, etc.
- One of the main barriers is lack of knowledge. Service providers, like RVIB, should strive to do more advertising and informational sessions.
- Reassessment of geographic regions and cultures is imperative for a project like ours. One must have sufficient knowledge of the demographics and the cultures before specifying target cultures or catchment areas.
- The most effective outreach plan would be one that has recommendations for RVIB and suggests key challenges that RVIB may encounter.

In terms of contacts:

- Vietnamese Community Association in Victoria
  - Vietnamese Catholics
- Local community health centers
- Translators and workers who deal with health promotion

- Main ethnic organisations

- Multicultural Resources Kit for Vietnamese Organisations

- ABS (Australian Bureau of Statistics) to locate Vietnamese for cultural differences

Nancie provided us with the "Developing and maintaining CALD community relationship" guide, which gives tips for successful meetings with community representatives, agenda for first meetings, developing working relationship in the community, and what can be given to the community. Nancie also provided us with a "Building a Community Profile" guide and key websites for further contacts.

Interview Summary – Huu Tran

Huu Tran is a representative of the Vietnamese Community Association in Victoria, located in Frotscray (Victoria, Australia). We sent him an interview protocol on Monday, April 11th. Thus, the following responses were filled out by Huu, and are highlighted for emphasis.

1. Can you provide us with a general description of your community group/organisation?
- Please see the website: www.vcavic.org.au.

2. How are people referred to your services? How do you provide information to your target areas?
- By drop in or referral from others organisations.
- Mainly face to face counseling; group information seminars and through English class and recreational activities, e.g.: Floral arrangement for single women, peers support group, creative writing with youth, happy hour on Friday afternoon with street kids.

3. How are blind and vision impaired perceived in the Italian/Vietnamese community?
- I spoke to other Vietnamese community organisations and realised that (none) of us ever (received) any contact (from) the Royal Victorian Institute for the Blind. I guessed Vietnamese people feel more comfortable to discuss this issue with their family doctor instead.

4. Are there any rituals, common practices, or beliefs involving blind or vision impaired specific to the Italian/Vietnamese culture that you know of?
- I have a blind friend, he blinds since he was 6 year olds. He said that his parents often felt bad about his blindness, they believed that they have had done something wrong in their previous live so their son blindness is a punishment from God.
- A couple years ago, I know a group called "Hand for Hope" organised fundraise for Blind people from Vietnamese background. Apart from that I haven't heard anyone else doing anything with this issue.

5. How do members of CALD communities (specifically the Italian and Vietnamese) locate general medical and/or specialist care?

- As I said earlier, people often access to this kind of service from their family doctor. I think this is culture thing. When you're feeling ill, you think of doctor. Then from that your doctor will direct you where you should go.

6. Are there any unique patterns of health care service/referrals/providers in CALD communities (specifically the Italian and Vietnamese)? i.e. some CALD communities don't make much use of the public health care system and instead rely on informal non-traditional providers.

- There are health organisations in western suburbs: Health work and Western Regional Centre. But not many Vietnamese people access to this services. I spoke to the workers from these organisations sometime early this year, they responded that Vietnamese people do not access this type of service unless their doctor recommend them.

7. What do you know about the Royal Victorian Institute for the Blind? Do you feel the general community shares the same knowledge?

- I don't know anything about the Royal Victorian Institute for the Blind.
- Vietnamese people often access this kind of information from Local Vietnamese media. As far as I've known that none of community announcement or advertise on the paper yet. In the past 5 months working for this organisation, I haven't seen anyone from Royal Victorian Institute for the Blind approach me yet.
- Nothing at all about the Royal Victorian Institute for the Blind. I am sure many Vietnamese people felt the same things. I believed the Royal Victorian Institute for the Blind has not strongly working with Vietnamese community yet.

8. There are currently few clients of RVIB that are of Italian/Vietnamese background. What do you think is the reason for this?

- I think their family doctor referred them.

9. What do you feel are the barriers that prevent CALD communities (specifically the Italian and Vietnamese) from accessing RVIB services?

- Language and cultural barriers.

10. What can RVIB do to address these barriers?

- Provide effectively model that can be use by Vietnamese in Vietnamese and working closely with community organisations to promote their services.

11. Are there any community newsletters or other forms of media you think the RVIB could put their message or advertisements in? What form of media is most effective in the Italian/Vietnamese community?

- SBS Radio, and other community radio like Vien Xu 88.9FM, 97.4FM and Vietnamese newspaper, i.e.: TV Tuan San. If you want to contact these people.

12. If RVIB wanted to promote their services in the Italian/Vietnamese community, how should they go about it and/or who should they contact?

- Contact me or any Vietnamese community arganisations detail. I believe that Ethnic Community Council of Victoria can give you a hand for promotion.

13. Are there any other organisations, groups, or individuals in the community you think RVIB should contact if they wanted to do a promotional event or informational session?

- Australian Vietnamese Women Welfare Association; Quang Minh Buddhist Temple. ST Vincent Catholic Church, Inner Western Regional Migrant Resource Centre, Vietnamese Welfare Centre and SICMAA...

14. Can you identify other representatives of the Italian/Vietnamese communities? – i.e. religious leaders, community groups, etc.

- See tables below

MEDIA							
Mr	Nguyễn Hồng Anh	Ti Vi Tuần San	49 Victoria Pde	COLLINGWOOD	3066	Tel 9417 1292	Fax 9417 0655
Mr	Long Quân	Nhân Quyền	PO Box 1046	NORTH RICHMOND	3121	Tel 9419 6793	Fax 9416 2920
Mr	Thiện Nhân	Tuần Báo Ti Vi Victoria	PO Box 477	NOBLE PARK	3174	Tel 9795 2811	Fax 9795 2944
Mr	Nguyễn Hùng	Thời Báo	PO Box 6516	WEST FOOTSCRAY	3012	Tel 9318 8553	Fax 9318 8554
Mr	Quốc Việt (SBS)	3EA – SBS Melbourne	PO Box 294	STH MELBOURNE	3205	Tel 9949 2121	Fax 9949 2385
Ms	Hồng Nguyễn	Radio 3ZZZ	C/o PO BOX 1301	RICHMOND	3121	Tel 9396 1922	Fax 9396 1923
Ms	Quỳnh Anh	Radio FM 97.4	PO Box 1425	CLAYTON SOUTH	3169	Tel 0421 900 944	
Mr	Tùng Nguyên	Đài Phát Thanh Viễn Xứ FM 88.9	PO BOX 2054	DEER PARK	3023	Tel 9363 5413	Fax 9363 5413
Mr	Hoàng Huân	Radio FM 97.7	PO BOX 56	NOBLE PARK	3174	Tel 9540 3407	Fax 9540 3407
Dr	Kiều Tiến Dũng	VNTV	PO Box 1119	RICHMOND	3121	Tel 9848 6050	Fax 9848 6050
Mr	Hồ Phước Bảo	Viet-News	PO Box 277	PRESTON	3072	Tel 9478 0177	Fax 9478 0977

15.Do any organisations exist that direct this group/organisation? What are they?

16. Are there any organisations subordinate to this organisation, specifically in the

eastern metropolitan Melbourne area? What are they?

Ms	Nguyễn Đức Vĩnh	LIONS/ Vietnamese Chapter	66 Stephensons Rd.	MT WAVERLY 3149	0403 581 448
Mrs	Huỳnh Bích Cẩm	Hội Tương Trợ Phụ Nữ Việt Ùục	PO Box 1301	RICHMOND 3121	9428 9078
Ms	Bé Hà	SICMAA	9 Hillcres Grove	SPRINGVALE 3171	9547 7939
Mrs	Nguyễn Kim Phượng	Hội Tương Trợ Xã Hội Việt Nam	PO Box 268	FLEMINGTON 3031	9376 4646
Mr	Trần Đức Danh	CĐVN Vùng Bắc Melbourne	PO Box 395	GLENROY 3046	9689 0399
Mr	Nguyễn Hoàng Sơn	T/T Phúc Lợi Xã Hội Việt Nam	PO Box 55	FLEMINGTON 3031	9376 6791
Ms	Trần Thy Hoa	Hội Hiền Mẫu, Moonee Valley	PO Box 55	FLEMINGTON 3031	9300 1471
Mrs	Võ Hồng	Hội Phụ Nữ Việt Nam Vic	PO Box 440	ABBOTSFORD 3067	9205 5484

Additional advice, suggestions, or comments:

Appendix E – Media Listings

Language	Radio Station	Phone	Fax		Language	Television	Phone	Fax
Arabic	3CR	9419 8377			Arabic	Ch 31	9663 5831	9663 8465
Arabic	SBS	9949 2121	9949 2120		Arabic	SBS	9949 2473	9949 2473
Chinese	2AC		9654 1118		Chinese	Ch 31	9663 5831	9663 8465
Chinese	3AW	9696 1278	9690 0630		Chinese	SBS	9949 2473	9949 2473
Chinese	3CW 1341am	9326 8002	9329 9243		Greek	Ch 31	9663 5831	9663 8465
Chinese	3SER 97.7fm	9796 7977	9796 7745		Italian	Ch 31	9663 5831	9663 8465
Chinese	SBS	9949 2121	9949 2120		Italian	SBS	9949 2473	9949 2473
Chinese	3ZZZ	9415 1930	9417 1675		Macedonian	Ch 31	9663 5831	9663 8465
Greek	3XY	9495 1422	9495 1424		Turkish	Ch 31	9663 5831	9663 8465
Greek	3AB	9347 8111	9347 8969		Vietnamese	Ch 31	9663 5831	9663 8465
Italian	Rete Italia	9481 0666	9486 1412					
Macedonian	SBS	9949 2121	9949 2120					
Macedonian	3ZZZ	9415 1930	9417 1675					
Turkish	SBS	9685 2525	9685 2519					
Turkish	3ZZZ	9415 1928	9415 1818					
Vietnamese	PBS	9534 1067	9534 5765					
Vietnamese	3ZZZ	9415 1928	9415 1818					

Appendix F - Contact Lists for Community Networking

Multicultural Organisations (Tier One Organisations)

Multicultural Organisations	Contact	Phone:	Email:	Location:
Migrant Information Centre - East Melbourne (MIC)	Judy McDougall Wina Kung	(03) 9873 1666	jmcdougall@miceastmelb.com.au	333 Mitcham Road MITCHAM 3132
Action upon Disability within Ethnic Communities (ADEC)	Licia Kokocinski	(03) 9480 1666		13 Munro Street COBURG 3058
Ethnic Communities' Council of Victoria (ECCV)	Prabir Majumdar	(03) 9349 4122		150 Palmerston Street CARLTON 3053
Centre for Culture Ethnicity Health (CEH)	Nancie Lee	(03) 9427 8766	nancie-lee@nrchc.com.au	23 Lennox Street RICHMOND 3121

Ethno-Specific Organisations for Seven Most Frequently Spoken Non-English Languages (Tier Two Organisations)

Ethno-Specific Organisation	Contact	Phone Number:	Fax Number:	Location:
Arabic				
Australian Arab Association	Dr Anice Morsy	(03) 9840 2716	(03) 9840 2716	394 Manningham Road DONCASTER 3108
Australian Arabic Council	Ms Vicky Mau	(03) 9480 2411	(03) 9480 2511	PO Box 52 MORELAND 3058
Mejdalaya Welfare and Relief Society	Mr Clark Baini	(03) 9432 3777	(03) 9432 3555	PO Box 191 PRESTON 3072
Victorian Arabic Social Services	Mrs Dalal Smiley	(03) 9230 4411	(03) 9741 2104	251 High PRESTON 3072
Chinese				

Chinese Association of Victoria Inc.	Mr Vincent Chow	(03) 9800 3388	(03) 9800 3588	320 Wantirna Road WANTIRNA 3152
Federation of Chinese Associations Inc.	Mr Sheng Wang	(03) 9650 6468	(03) 9650 6313	247 Flinders Lane MELBOURNE 3000
Australia China Friendship Society	Mr Paul Liu	(03) 9654 8099	(03) 9654 8099	Level 4, Ross House 247 Flinders Lane MELBOURNE 3000
Bendigo Chinese Association Inc.	Mr Russell Jack	(03) 5441 5044	(03) 5443 3127	5-13 Bridge Street BENDIGO 3552

Greek

Australian Greek Welfare Society	Ms Voula Messimeri Kianidis	(03) 9388 9998	(03) 9388 9992	7 Union Street BRUNSWICK 3056
Greek Welfare Centre (Central Office)	Mr Peter Jasonides	(03) 9486 6588	(03) 9486 6599	7 Hartington Street NORTHCOTE 3070

Italian

CO-AS-IT	Mr Giancarlo Martini-Piovano	(03) 9347 3555	(03) 9349 1063	189 Faraday Street CARLTON 3054
Catholic Italian Resource Centre	Reverend Adrian Pittarello CS	(03) 9481 2144	(03) 9489 3422	27 Alexandra Parade NORTH FITZROY 3068

Macedonian

Macedonian Community Council of Melbourne and Victoria		(03) 9489 4944		76 Station Street CARLTON 3054

Turkish

Australian Turkish Association	Mr Nazmi Kaya JP	(03) 9587 6088	(03) 9583 7133	Rear 37 Albert Street MORDIALLOC 3195
Australian Turkish Cultural Association Inc.	Mr Halil Demirbas	(03) 9428 8250	(03) 9428 9899	85 Church Street RICHMOND 3121
Council of Turkish Associations of Victoria	Mr Erkal Eken	(03) 9459 3653	(03) 9354 6665	Suite 2 95 Bell Street COBURG 3052

Meadow Heights Turkish Women's Association	Mrs Ayse Koksyz	(03) 9308 9994		6 Papworth Street MEADOW HEIGHTS 3048

Vietnamese

Vietnamese Community In Australia - Victoria Chapter	Mr Phong Nguyen	(03) 9689 8515	(03) 9687 9198	131B Hopkins Street FOOTSCRAY 3011
Australian Association of Vietnamese Studies	Prof Des Cahill	(03) 9925 4403	(03) 9925 4404	RMIT University PO Box 2476V MELBOURNE 3001
Australian Vietnamese Women's Welfare Association Inc.	Mrs Cam Nguyen	(03) 9428 9078	(03) 9428 9079	30-32 Lennox Street RICHMOND 3121

Community Clubs for Seven Most Frequently Spoken Non-English Languages (Tier Three Organisations)

Community Clubs	Contact	Phone:	Fax:	Location:

Arabic

Casey Arabic Women's Group	Venice Taweel	03) 9704 8097	(03) 9704 8097	23 Sweeney Drive NARRE WARREN 3805
St Nicholas Antiochian Orthodox Church	Dimitri Baroudi	(03) 9417 2266	(03) 9417 2266	Cnr Victoria Parade and Simpson Street EAST MELBOURNE 3002

Chinese

Ballarat Chinese Community Association Inc.	Shirley Doon	(03) 5333 3041		PO Box 381W BALLARAT 3350
Chinese and Vietnamese Neighbourhood Centre	Margaret Yung	(03) 9329 5608	(03) 9329 5601	23/33 Alfred Street NORTH MELBOURNE 3051
Chinese Community Resource Centre Inc.	Albert Tuan-Mu	(03) 9663 3334	(03) 9639 3515	16 Celestial Avenue MELBOURNE 3000
Chinese Community Social Services Centre (Box Hill)	Fred Chuah	(03) 9890 1888	(03) 9899 8547	Suite 1111 Level 1, Whitehorse Plaza BOX HILL 3128

Melbourne Chinese Community Cultural Centre	Dianjaan Fahn	(03) 9663 4579	(03) 9663 1979	Basement 37-41 Little Bourke Street MELBOURNE 3001

Greek

Greek Community of Geelong	Angela Bourdamis	(03) 5229 7050		PO Box 4024 GEELONG 3220
Greek Orthodox Archdiocese of Australia	Dimitri Batzios	(03) 9696 2488	(03) 9696 3583	221 Dorcas Street SOUTH MELBOURNE 3205
Greek Orthodox Community of Melbourne & Victoria	George Fountas	(03) 9663 3711	(03) 9663 3245	168 Lonsdale Street MELBOURNE 3000

Italian

Club Italia (Geelong) Inc.	Gerald De Stefano	(03) 5250 2349	(03) 5250 2324	515 Bellarine Highway MOOLAP 3220
Knox Italian Community Centre	Michael Palandri	(03) 9762 1111		99 Karoo Road ROWVILLE
Italian Pentecostal Church	Father John Miisino	(03) 9380 9593		58 Daly Street BRUNSWICK WEST
Veneto Club	Giancarlo Peruzzo	(03) 9850 7111	(03) 9852 0035	191 Bulleen Road BULLEEN 3105

Macedonian

Macedonian Community Welfare Association of the Western Region Inc.	Melina Stanakovfka	(03) 9411 0311		45 Main Road West ST ALBANS 3021

Turkish

Australian Western Thrace Turkish Association of Victoria Inc.	Nadir Tzelil	(03) 9510 4889	(03) 9510 4889	103 - 109 Union Street WINDSOR 3181
Broadmeadows Turkish Islamic and Cultural Centre	Irfan Hassan	(03) 9359 0054	(03) 9357 1213	45- 55 King Street BROADMEADOWS 3047
Melbourne Turkish Community Centre Inc.	Ramazan Altintas	(03) 9699 8317	(03) 9699 8317	PO Box 109 SOUTH MELBOURNE 3205

Vietnamese

Senior Citizen Homes	Contact	Phone Number	Fax Number	Location
St Vincent Liem Vietnamese Catholic Community Centre	Raphael Thien Vo	(03) 9376 4864	(03) 9376 4864	95 Mt Alexander Road . FLEMINGTON 3031
The United Vietnamese Buddhist Congregation of Victoria	Thich Phuoc Tan	(03) 9312 5729	(03) 9311 0278	18 Burke Street BRAYBROOK 3019

Senior Citizen Centres for Seven Most Frequently Spoken Non-English Languages (Tier Three Organisations)

Senior Citizen Homes	Contact	Phone Number:	Fax Number:	E-mail:	Location:
Arabic					
Arabic Female Senior Citizens Group	Jabbour Mona	(03) 9510 5877	(03) 9849 0765		40 Grattan Street PRAHRAN 3181
Chinese					
Box Hill Chinese Senior Citizens Club Inc.	Eric Chen	(03) 9852 0928	(03) 9852 0928		79 Carrington Road BOX HILL 3128
Elderly Chinese Home Inc.	Wah Yeo	(03) 9328 4558	(03) 9328 2700		129 Manningham Street PARKVILLE 3052
Knox Chinese Elderly Citizens Club	Woon Leung	(03) 9560 7861			20 O'Connor Road KNOXFIELD 3180
Victorian Elderly Chinese Welfare Society Inc.	Yee Lan	(03) 9329 2258	(03) 9328 1503		187-189 Victoria Street MELBOURNE WEST 3003
Greek					
Association of Greek Elderly Citizens' Clubs of Melbourne and Victoria	Peter Yiallouris	(03) 9388 9998	(03) 9388 9992		7 Union Street BRUNSWICK 3056
Box Hill Greek Senior Citizens Club	Renie Adgemis	(03) 9803 7713			79 Carrington Road BOX HILL 3128

Greek Elderly Citizens Club of Dandenong	Sam Merambeliotis	(03) 9791 1353			19 Herbert Street DANDENONG 3175
Greek Senior Citizens Club of Monash Inc.	Zoe Carydias	(03) 9560 7452			Mulgrave Community Centre MULGRAVE 3170

Italian

ASSISI Centre Inc.	Enrico Belli	(03) 9457 4666	(03) 9457 4723	assisi@netspace.net.au	230 Rosanna Road ROSANNA 3084
CO.AS.IT's Association of Senior Italian Citizens Clubs of Victoria	Bernard Bongiorno	(03) 9349 9000	(03) 9349 1063	coasit@coasit.com.au	189 Faraday Street CARLTON 3053
Casa Elda Vaccari Hostel	Andreina Rosolini	(03) 9482 1444	(03) 9482 3836		863 Brunswick Street NORTH FITZROY 3068
Knox Italian Senior Citizens Centre	Alfea Cursaro	(03) 9758 3620			99 Karoo Road ROWVILLE
Wandin Senior Citizens Centre	Vincy Borrelli	(03) 5964 4831			401 Warburton Highway WANDIN NORTH

Macedonian

Federation of the Macedonian Senior Citizens Groups	Louis Krushorovksi	(03) 9850 2442			29 Anthony Avenue DONCASTER 3108

Turkish

Broadmeadows Turkish Senior Citizens Club Inc.	JP Kubilay Genc	(03) 9306 9628	(03) 9306 9628		Lynda Blundell Resource Centre Blair Street BROADMEADOWS 3047
Whittlesea Turkish Elderly and Pensioners Association Inc.	Mehmet Ismail	(03) 9465 5531			PO Box 291 THOMASTOWN 3074

Vietnamese

Broadmeadows Vietnamese Senior Citizens Club Inc.	Thuc Nguyen			nhithuc@alphalink.com.au	13 Bicknell Court BROADMEADOWS 3047