THE SOCIAL SUPPORT & SERVICE NEEDS OF AUSTRALIA’S AGEING GREEK MIGRANTS: A PILOT PROJECT

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This is an author pre-print version of the paper published in 2011 in the journal Modern Greek Studies Australia & New Zealand:


ABSTRACT

This article explores the social support and service needs of Greek-speakers in Australia who migrated as young adults mostly in the 1940s and 1950s. The article reports the findings of a pilot research project initiated by the Modern Greek department at Flinders University in conjunction with social, health and ageing researchers. Focus groups and interviews were held in Adelaide and Darwin in 2010 with older Greek-speakers born in Greece and Cyprus; a survey of service organisations was also conducted. All older Greeks chose to be interviewed in Greek. They reported using a range of formal services, although some were confused about how to access services and lacked awareness of services. Interrupted primary education had resulted in low reading proficiency in Greek, while settlement experiences had contributed to low proficiency in reading, writing and speaking English. These were major barriers to accessing services with no Greek-speaking staff. In line with cultural expectations, a key support role was played by adult children, while some Greek-speaking GPs and MPs also mediated information and service access.
Many older Greeks appear to be living independently in the community, but this is only possible because of high levels of informal support from close family. Those without children may therefore be more vulnerable to social isolation. The Modern Greek researchers who were integral members of the research team acted as ‘insiders’ who shared the culture and language of interviewees. Since all interviewees chose to be interviewed in Modern Greek, the ability to conduct interviews in Greek clearly enabled their participation, whereas they may have declined to participate had interviews only been available in English. At the same time, the non-Greek researchers provided a critical ‘outsider’ view which strengthened the data analysis and interpretation. We conclude that this project has demonstrated the important role that Modern Greek academics can play in research on social and health issues among the Greek diaspora.

Keywords: Social support, services, Greek, ageing, migrants, Australia

INTRODUCTION

This article explores the social and health support needs of ageing Greek-speakers who were first generation migrants to Australia, usually arriving aged in their 20s or 30s between in the 1940s and 1950s. The article provides an overview of the findings from an innovative collaborative research project which commenced in mid-2009 at Flinders University (South Australia) between the Modern Greek Section (Department of Language Studies), the Southgate Institute for Health Society & Equity, the South Australian Community Health Research Unit, The Flinders Centre for Ageing Studies, and The Flinders Migrant & Refugee Research Cluster. The team came together on the initiative of Michael Tsianikas (Professor of Modern Greek) to explore anecdotal evidence from the Greek communities of Adelaide and Darwin (where Flinders' Modern Greek section has teaching responsibilities). This suggested that older Greeks and their families are facing challenges in meeting the ageing parents’ everyday support needs and that there are considerable numbers of socially isolated older Greeks who have
problems accessing support services, which in turn undermines the elders’ ability to continue to live independently in the community.

AUSTRALIAN IMMIGRATION AND THE GREEK DIASPORA

Australia has a significant migration history and after World War II its immigration policies placed particular emphasis on attracting young and economically active persons (Hugo 1984). In the 1950s and 1960s many migrants came from the United Kingdom, followed by large numbers from Italy and Greece. A smaller number of Greek-speaking migrants also came from Cyprus and Egypt. As a consequence, at the 2006 Census Australia was home to over ¾ million people aged 65+ born in a non-English speaking country, representing one-third of this age group (Australian Institute of Health & Welfare (AIHW) 2007). At the 2006 Census, Australia was also home to 49,530 people aged 65+ born in Greece, plus 5,350 born in Cyprus (Greek-speakers aged 65+ and born in the Middle East are not separately identifiable in the Census). Projections show that by 2026 Greek-born elders will still be the second largest group from a non-English speaking background (NESB) in Australia (AIHW 2001). The Greece- and Cyprus-born over 65s are concentrated in Melbourne (23,135 Greece; 2,210 Cyprus) and Sydney (14,470 Greece; 1,840 Cyprus). Adelaide has just over 5,000 Greeks aged 65+ and almost 500 from Cyprus. In comparison, Darwin has only a small Greek-speaking population, with just under 200 born in Greece and Cyprus (ABS 2006).

The migrant generation in question is now beyond retirement age and is increasingly likely to require services and assistance to continue to live at home (Kimberley & Simons 2009; Luszcz et al 2007). Indeed, Australia is experiencing significant growth in the numbers of ethnic aged entering their 80s and 90s, who are intensive users of health, welfare and other services (Luszcz et al 2007:25). Furthermore, among this generation many still have poor English literacy, particularly since on arrival many men were employed in manual jobs and had no access to English language classes (Thomas 2003), while many wives worked at home or in low-level occupations (sometimes with other Greeks) giving them
either little opportunity or little need to acquire English. Indeed, 47 per cent of Greece-born Australians aged 65+ speak Greek as their first language at home, and 23 per cent have little or no spoken English (Hugo, Luszcz et al 2009). However, even migrants who do speak English often revert to their native Greek as they age, especially if they have little education or are experiencing cognitive decline (Orb 2002; Messimeri-Kianidis 2007).

RESEARCHING THE SUPPORT NEEDS OF OLDER GREEKS

A literature search by our team in late 2009, supported by a Greek-Australian research assistant, identified few published studies of the support needs of older Greek-speakers in Australia (see Tsianikas et al 2011, this issue). The main barriers to service use by culturally and linguistically diverse (CALD) communities in general were lack of language and cultural appropriateness among mainstream services, communities’ lack of knowledge about which services are available, and service costs and transport links. The review also identified a significant gap, in that research among CALD communities is often confined to seeking input from those proficient in English. Furthermore, most literature does not address the needs of particular cultural groups. The review also identified minimal research asking older Greek-speakers themselves about their support needs. Therefore, despite a key objective of government policy being to improve access to aged care and community services for NESB older people (AIHW 2007), and despite the growth in services catering for this group (including ethno-specific services and promotion of cultural competency among the aged care workforce),

older Australians of non-English speaking backgrounds are generally underserved by local health and social care services, experience unequal burdens of disease and encounter cultural and language barriers to accessing appropriate health care as they get older (Johnstone & Kanitsaki 2008: 110).
The Australian government also identified healthy ageing as one of its research priorities for 2006-2009, with an emphasis on “healthy independent and active lives for older Australians and access to high quality affordable care for frail older people” (Department of Health & Ageing 2007).

UNDEARTAKING BI-CULTURAL RESEARCH

In 2010 the research team designed a pilot study to determine what services ageing Greek-speakers are using (formal: government funded, and informal: family and friends). Focus groups and interviews were therefore held in Adelaide and Darwin (March-August 2010) with older Greek-speakers predominantly in their 70s and 80s, and born mostly in Greece with a few from Cyprus, along with three daughters who present when the interviewer arrived. A survey was also conducted with service organisations (mainstream and Greek-specific) in Adelaide and Darwin. Elder interviews and focus groups were carried out by Professor Tsianikas and Ms Panagiotopoulo, who are Greek-speakers with a Greek cultural background; Ms Panagiotopoulo and Dr Newman conducted the service surveys. This means that the research team was able to maximise the benefits of bi-cultural research through the involvement of both ‘insiders’ and ‘outsiders’. Researchers who are ‘insiders (ie who share the same cultural, social and language characteristics as the participants) are more likely to conduct research in a culturally sensitive manner, to be accepted by the research participants as having common experiences and viewpoints, and to be able to use their language skills to enhance the pace of participation and the success of the research (Liamputtong 2008). At the same time, our team also included ‘outsiders’ (three researchers from an Anglo-background), which enabled ‘insider bias’ to be overcome, since they have sufficient distance from Greek culture to allow them to ask different critical questions about analysis and interpretation (Liamputtong 2008).
Support and service use

Older Greek-speakers reported using a range of services including in-home respite care, gardening, cleaning, personal care, social support, grocery shopping, and Greek Meals on Wheels, doctors, Medicare, Centrelink, pensions and utilities. Most, however, seemed unaware of other potential supports. For example, in one group none had heard of Ethnic Link Services, despite one member saying she had been taken to a specialist appointment by them, while in another group one elder mentioned a Medic Alert personal alarm system necklace but no others had heard of this. Some elders reported being able to predominantly look after themselves, doing their own cleaning, gardening and shopping, with assistance from their children. Older Greeks who were not currently using services nevertheless acknowledged that they may need them in future for personal care and home maintenance, and that in this case they expected the appropriate type of support to eventuate:

Otan then boro na kano shower moni mou, tha erthi h gyneka, otan then boro na kathariso…. Os pou boro, tha ta kano moni mou. Istera, ama ziso, then xero.
When I can’t shower by myself, a woman will come, when I can’t clean by myself… For as long as I can, I will do it by myself. Later, if I live, I don’t know.

Interviewees were nevertheless mixed in their ability to connect with services. Some professed lack of awareness of what services were available, or had little opportunity to find out because they rarely leave home; some also suspected there were probably a lot more services available that they did not know about:

I have been in Darwin 56 years. I don’t know anything. I don’t go anywhere. I’m not aware of anything.
Then vgeno exo, then milao me anthropous, an erthis kanis visita etho na ma thi... Tora ean hriastoume pistevo oti tha mas voitisoune.

I don’t get out, I don’t talk to people, only if a visitor comes here to see me…

Now if we require [services in the future], I believe they will help us.

Some elders were confused about how to access services, while others did not attend day-time supports because they preferred to be alone, or were busy minding grandchildren. Others said they rely on their adult children to know what services are available, but children may not always be as aware as their ageing parents assume.

A key mediation role was also played by professionals (GPs and Members of Parliament) who are Greek-speakers themselves or who have Greek-speaking office staff. This group reported that older Greek migrants constituted a significant percentage of their clientele, and that they were often sought out specifically because they were prominent members of society and easy to find, and elders felt that since sharing the same language and culture meant they would better understand their situation. Professionals reported Greek elders seeking support from them, for example, to help find new housing, translate documents, assist with immigration issues, write support letters, and mediate access to health specialists. This suggests that in some ways professionals may be substituting for the traditional role of adult children:

They often bring letters or information they’ve received but can’t read in English, and want me to tell them if it’s something that requires action or what they need to do about it, such as a letter from the council (non-Greek speaking assistant in professional’s office).

Furthermore, such help offered by Greek-speaking professionals or their staff soon spread by word of mouth, with some elders saying “You go and see [this Greek-speaking professional], he’ll help you even if you don’t live in his area. He
understands you”. This brings us to discuss the positioning of language and trust in how and when older Greek migrants access and use services.

“Being understood”

Language and trust emerged as key issues around the use of formal services and informal supports. These in turn were linked to the issue of “being understood”, not only in language terms but also in terms of one’s background, culture, and needs. The interviews highlighted that language proficiency for older Greeks is inextricably linked with their life history and early settlement experiences. Language proficiency was underpinned by older Greek’s early education experiences, with interviewees highlighting that their generation often had disrupted primary schooling due to various wars and conflicts which led to significant disruption of civilian life in Greece. This means that many of this generation have low levels of writing and reading skills in Greek:

*Then xeri katholou Englizika, alla kai ta Ellinika tou… Dio hronia pigi skolio.*

*[My husband] doesn’t know any English, and even his Greek… He went to [primary] school [in Greece] for two years only.*

It was noticeable that most males reported to know better English than their wives, and that gaining English language skills had been supported in cases where males had worked in an English language work environment after arrival, although a significant number worked only with other Greeks and conversed primarily in their mother tongue. In contrast, many wives had the traditional role of unpaid domestic work and family care, or work in unskilled jobs with other Greek women, which gave them less opportunity to hear and speak English:

*Yia tin diki mas genia, oi metanastes tou peninda kai exinda, irthane me tin andriki. Tora, me ta paidia, me ta afts, h glossa mas ine…*
For our generation, the migrants of the 50’s and 60’s, we came for/with our husbands. Now, with the kids and things, our [English] language is...
[limited/lacking].

In terms of seeking services, low English proficiency was therefore linked to most elders preferring to see Greek-speaking providers or professionals. While one elder stated that he feels more comfortable around Greek-speakers because he can understand them better, he also said “‘Kai h Afstrali ine kali anthropi” (“But Australians are good people too”). However, this can present overload for some providers if they are the only one for miles around:

They [older Greeks] come in from everywhere and I try to send them back to their [local professional] but they want to see [this one] because he’s Greek.

Having Greek-speaking staff did make a difference in whether elders were aware of a service, would use it, and whether they could use it to full benefit:

There isn’t anyone who can help us by speaking our language.

Centrelink is good like this, they provide a number you can ring and talk to a Greek person.

There’s a Greek-Australian employee at the Torrensville Centrelink from 9am – 3pm on weekdays.

However, one elder explained in more detail her difficulties connecting with services, despite having contacted them:

Ego me ton andra mou, theka-pende hronia ton kitaza. Pposes fores telefonisa stis iperisies, kai leo ta Ellinika kai lene then ehoumai anthropo na
se milisi. Theka-pende hronia, signomi, leo tin alitheia. Then irthe anthropos sto spiti mou na _______ ton andra mou. Kanenas apo tis iperisies.

With my husband, I was looking after him for 15 years. The number of times I called service providers, wanting to speak to someone Greek, and they told me ‘We don’t have a person here to speak with you’. Fifteen years. I’m sorry, but I’m telling the truth. Not one person came to our house to help me with my husband. No one from service providers.

However, some elders felt there could be a downside to Greek-speaking providers, particularly since even in larger communities they were likely know, or know of, the elder or their family and would then come know their personal business. Therefore one elder said he would prefer telephone interpreting which he felt was more anonymous. Very few elders were aware of the Centre for Translating and Interpreting Services, or if they were aware of it said they would not know how to contact it. On the other hand, some people (service providers in particular) felt that if staff were not Greek-speaking they could still build a trusting relationship in a way which expressed understanding, which in turn could encourage elders to access and feel comfortable with support services, even if they were still accompanied by their adult child/ren.

She [non-Greek GP] pays you attention (female elder)

It’s all about the relationship really (mainstream provider)

I’ve been here long enough now [that the older Greek people ask me for help] (staff member in professional’s office)

Knowing one word in Greek can make a difference (daughter)

Both elders and service providers talked about differing degrees of Greek-language assistance being available. One mainstream service said it only uses accredited interpreters, and that if they employed anyone with a non-English
language they would be required to become accredited to use this language in their work so that the organisation’s services were explained correctly to non-English speaking clients. However, elders said that accredited interpreters were not always available, including at hospitals, and that even if they were then sometimes the elder would hide their real problem if the interpreter or family were known to them:

Then theli derminea, theli tin [eldest daughter]. Theli tin diki tou. Etsi ine. 
[My husband] doesn’t want interpreters, he wants our daughter. He wants his own [daughter]. That’s the way it is.

Other elders mentioned heavy reliance adult children to interpret for aged parents:

Yia mikra pragmata, ligo-poli ta katafernoume. Alla ama ine kati sovaro, tote na’houme kapion na mas pi akrivos ti na pi.
For little things, we get by. But if it’s something serious/important, then we need someone to explain exactly what has been said to us.

While this could be convenient, both elders and service providers saw potential for inaccuracies in interpreting, or for it being inappropriate (for example, elders did not always want to discuss intimate health matters in front of their children). One somewhat surprising finding was that language problems are not always between English and Greek. Examples were given where some GPs and increasing numbers of aged care workers come from a non-English speaking background. For example one Greek elder without good English found it difficult to understand his GP who speaks English with a heavy Indian accent, or aged care workers speaking English with a strong African accent.

Reflecting low proficiency in reading English or Greek, most elders reported hearing about services and supports via word of mouth from friends, hospitals/doctors, other providers, or on Greek radio. One daughter observed, however, that if reliance on friendship networks with other elders could contribute
to misinformation being circulated, saying that when her mother received information about services in this way it often turned out to be incorrect. Mainstream services reported a range of advertising methods to reach older migrants. Some translate their brochures into Greek but also said this can be expensive. Some providers said they visit Greek-specific groups to explain verbally what supports they offer, with group coordinators interpreting into Greek. Many elders suggested written information be available in ‘plain Greek’, while the office of one Greek-speaking MP provides written updates on local issues in ‘plain Greek’. Other mainstream providers rely on English texts, which disadvantages older Greeks with less proficient English:

Occasionally they get a Centrelink newsletter but the level of Greek used in these publications is a level of Greek that doesn't mean anything to them (daughter).

One 73-year old Greek-speaker with cancer said the Cancer Council often sent her support materials (letters, books and pamphlets) in English, which she simply could not read:

Sta Anglika opos dipote mas stelni. Ean ine kati sovaro, tha to diavasoun ta paidia. Alla stelnoun omos stelnoun opos sou ipa apo to Leukeimia, olokliara booka. Tora ti diorganonoun, ti kanoun, then boro na pao fisika, alla oute kai boro na ta diavaso, oute boro na ta diavaso.

The letters we are sent are always in English. If it’s something important the kids will read it. But they send, from Leukemia [the Cancer Council], like I told you before, entire books. Now what they’re organising, what they’re doing, I don’t know, I obviously can’t attend, of course, but I can’t even read it, I can’t even read it.
Now they send me [information/letters], but the only thing is they’re in English and I can’t read them. They go to the effort, it worries us, that they go to this effort for nothing/in vain because I can’t do anything about it or read it").

Nevertheless, as previously mentioned, some elders said they have never been able to read written Greek so that despite written materials in Greek, this may not make services any more accessible. In this case, radio may be a more suitable method, with one interviewee explaining that he and his wife were waiting to hear back from Centrelink about some forms they had completed to get assistance, and that they had heard about this on Radio Ena (a local Greek radio station).

**Support from adult children**

The research confirmed that, in line with traditional Greek cultural expectations, Australian-born adult children often play a key role in providing parents with support. It is not surprising that translation and interpreting were key roles. Reflecting Greek tradition, this was particularly a role for daughters. Adult children provided a wide range of other supports, including with visits to health specialists, for complex banking queries, grocery shopping, tax and pensions issues, and for incoming letters (e.g. from councils, utilities, banks):

*H kori mas pigeni, oti thelouve eki ine. Sta nosokomia, sto yiatro. Mas voithaei poli.*

*Our daughter takes us, whatever we want she’s there [for us]. At the hospitals, at the doctor… She helps us a lot.*
Whenever I want them, they will come and help me. If I didn't have my children to help me, I would have big problems.

However, adult children were sometimes themselves already past retirement age. And they could not meet all needs:

Then boroun na se kitaxoun sto spiti. Then boroun na se sikosoun. Then boroun na se kanoun banyo. Then boroun na...
They can't look after you at home. They can’t lift you. They can’t bathe you. They can’t....

The range of mediating and support roles could also put considerable pressure on some children (particularly daughters), especially if they were in paid work and/or had their own family or other commitments:

Ta paidia doulevoune, then boroune afta nane stin gonia mas…
The children work, they can’t always be by our sides.

She [daughter] has to leave work to take me to the doctor [ie they don't give her time off for this]

I actually had to give up work last year to do this [caring] (daughter present at parent interview).

This heavy reliance on adult children for support raises the question of what elders do when they have no children, or have none living close-by. Indeed, some children in Darwin were moving their older parents from interstate to Darwin nursing homes in order to be closer to them, even though there is no Greek nursing home there. Considering the cultural and language issues raised earlier, it was not surprising to find some Darwin elders comparing their situation with
Adelaide, and commenting “If only they would build a Greek nursing home [in Darwin] so we could go too”. However, there were some complexities in considerations about moving to a nursing home, with financial implications also:

*Ama pao sto gerokomio, hano to spiti. Sto gerokomo theloun na poulisoun ta paidia to spiti, then eho lefta polla stin trapeza.*  
*If I go to a nursing home, I’ll lose the house. The kids will need to sell the house, because I don’t have lots of money in the bank.*

*Ama boro leo na kathiso sto spiti kai na pethano. To thelo, tora then xero ti theli o Kirios, to heri mas…*  
*If I can, I want to stay at home and die [here]. I want this, now I don’t know what God wants, the hand we’ve been dealt.*

**Culture and services**

A few cultural issues were raised in interviews. One major tension in service access was that all Greek elders had a cultural expectation that their adult children would represent them when accessing formal services, whereas they had found that some services insisted on the elder representing themselves. An example was given where a utility organisation refused to discuss a bill with anyone other than the named owner, while some other services would allow the adult child to sort out an issue if they had a letter from the parent stating the delegated responsibility. On the other hand, elders mentioned one provider that accommodated this cultural expectation by setting up systems to send letters or information to both the parent and a nominated adult child. Elders saw this as important to avoid undue delays in the information being read and acted upon. Another cultural issue related to service use was an expressed preference for Greek food, or at least Mediterranean-style food. Elders talked about the need for this to be provided through Meals-on-Wheels and hospitals, as well as for facilities at community locations to allow elders to cook Greek food together as a form of
social participation. Some interviewees also felt that hospitals and nursing homes would feel more comfortable to them if they were more understanding of Greek Orthodox religious practices, such as finding ways to allow elders to take religious icons and candles with them.

**Supporting independent living in the community**

As with elders from other backgrounds, while some Greek elders felt they were entitled to certain formal services, others talked about not wanting to be seen as dependent on services or welfare, or being seen by their community as weak by seeking formal support. On the other hand, one group said that they needed gardening assistance to stay in their own homes but their Council no longer provided this. Several elders mentioned receiving home maintenance support from their local government, although one provider explained that it can be difficult for some pensioners to obtain professional help for small tasks such as changing lightbulbs, which would attract a minimum service fee. Hence they are tempted to do such tasks themselves, but then risk a serious fall followed possibly by a stay in hospital:

> I wish there was more support for the elderly in general, if they’re living in their own home, with support from care packages and or family, they really need support in maintaining a home. You know, like my dad once got on the roof, he’s over 92, to clean gutters. It’s really frightening. And he can’t cope with mowing the lawn and just recently we’ve had some help through the council with mowing the lawn. But it’s like tree pruning and gutter cleaning which... So they’re the things that are important if they’re going to stay in their homes.

The desire of older Greeks to live in their own home as long as possible was a common theme. Indeed one daughter (in her 60s) commented “yia gerokomia, xehaseto!” (Nursing homes, forget it!). Despite the tradition of family support,
some elders also recognised that this could be a heavy burden, and another seemed resigned to eventually having to go to a nursing home:

Ine mia lisi sto gerokomio… Then boris na varenis ta paidia sou otan ilikothis kai then boris na periipithis. Ine to gerokomia mia lisi. The nursing home is one solution… You can’t tire your children when you get old and you can’t look after yourself. The nursing home is one solution.

Indeed, one daughter highlighted the paradox for elders of remaining ‘independent’ actually relying on an underlying dependence on family:

She [mother] feels independent in terms of her dependence on us, but she isn’t independent in the real world. It’s a strange situation but it’s a fact, and I’m sure there are others like that. They create dependency.

Social isolation

Despite one interviewee reflecting the cultural norm that “O kathe Ellinas exei tous dikous tous” - “Every Greek has their family” - , the anecdotal evidence preceding our literature review, and comments during the research, showed concerns that a significant number of older Greeks drop out of support networks and groups when they become ill, widowed, or lose family supports, and hence become socially isolated. Our research design therefore included some interviewees who were more isolated. The extent of isolation was highlighted by one older woman who rarely ventured out:

Eho na vgo xeris poso gero apo to spiti. Mono an pao se ena yiatro opos ipa. Na ditho ine provlima… Na ditho tha kourasto para poli…Me pigê o gios mou tin alli efdomama me to wheelchair na psifiso, kai eflepa ta loulouia, eflepa exo kai leo ti omorfa pou ine na kikloforiso Do you know how long it has been since I got out of the house? Only to see a doctor like I said before. Getting dressed is a big problem… To get dressed is
really tiring... My son took me the other week with the wheelchair to vote, and I saw flowers, I saw outside and I said, how beautiful it is to get around/get out.

Most interviewees lived in their own home, either alone or with their spouse, and most reported that their adult child(ren) visited them weekly, if not daily, to provide support. A small number in Adelaide and Darwin lived with their adult children (in the same house or ‘granny flat’), while in contrast a considerable number of widows lived alone. Those who attended one group said that the group was run by volunteers (in some cases older than the actual clients), and that more socially isolated individuals are missing out on the program because of a limited volunteer pool:

_Eho atoma pou then boro na voithiso yiati then eho filondes_
_I have [old] people who I can’t help because I don’t have the volunteers_
_(group coordinator)_

Furthermore, even some elders with previously good social support networks found that these networks were naturally declining:

_Tora oli h megal låså. Tora stin ekklisia, ego kai mia alli gyneka imaste h poio megalåså, then erhondai alles poio megalåså, mas figane h alles… Tora esis isaste h neoleå_
_Now all the elders have left us/died. Now at church, myself and one other lady are the eldest, older women don’t come, the others have left us… Now you’re the youth/young people [referring to the Interviewer]._

The issue of mobility and transport to attend social events or access services was also raised, in particular the ability to drive a car:

_Then ine makria alla then boro na pao… Then ehoume aftokinoto kai then pagenoume pouthena, kathomaste mesa_
It’s not far, but I can’t go [to visit the children]… We don’t have a car and we don’t go anywhere, we stay inside [the house].

Reflecting the considerable proportion of interviewed widows, it is worth noting that Greek women of this generation often did not learn to drive, and also fear the Greek social stigma they will encounter if they appear to be enjoying themselves socially after their bereavement, meaning that widows may be more vulnerable to social isolation than widowers:

_Ama then odigas, diskolo… Na pao na psoniso ta pragmata sta magazia, diskola_

_If you don’t drive, it’s hard… To go to the shops to buy things, it’s hard._

Other elders were unable to use public transport as they could not walk far. A number of mentioned receiving vouchers from the government for discounted taxi fares, which some used for doctor’s visits. One Greek community group was reported to provide a car service to transport individual elders to and from group functions, for a fee of $2 each way, while elders were also aware of Red Cross providing a similar service.

**CONCLUSION**

There is a common assumption that there is a wealth of academic research about the needs of Australia’s older migrants from non-English speaking backgrounds, and that services are already provided in culturally appropriate ways so that few challenges remain. However, our literature review identified that there has been little formal research on the support needs of older migrants in particular cultural communities, and also little research which has asked older people themselves in their own language about their experiences and needs. Our pilot research in Adelaide and Darwin shows that older Greek migrants still receive much of their care from family and that they usually prefer this. It also supports the small amount of previous research which found that if Greek-speaking services and
professionals are available then older Greeks prefer to use these as they feel such organisations or individuals better understand their needs and context. The access to and use of formal services by older Greeks is also often influenced by their life course history which has resulted in them now having both low proficiency in reading and speaking English, as well as also often low proficiency in reading and writing Greek. The older Greeks in our study would therefore benefit from:

- Identifying and establishing ways to support their extended family in order to in turn better support the elders, since family members are increasingly under pressure (especially adult daughters in the paid workforce).
- Identifying ways to become more aware of what supports and services are available to them, and appropriate ways to connect with them.
- Identifying supports which maximise elders’ ability to remain living independently in their own home, whilst also connecting to the community and to formal services.

A final point is that our pilot study demonstrates the benefits of research with older NESB migrants being conducted by a team which includes researchers from a relevant university language department. Our project was led by, and fieldwork was conducted by, two researchers from a Modern Greek Department who have a Greek language and cultural background. Firstly, it is notable that all interviewed elders stated their preferred language for interview as Greek. Reflecting on elders’ comments that they prefer to seek services from Greek-speakers because they feel such people “understand” them better (and are ‘insiders’), we believe that having Greek-speaking team members conducting interviews in Greek was pivotal in these older people accepting to participate in the research in the first place, as well as enabling them to express themselves fully. As ‘insiders’, these researchers were also able to build rapport with interviewees and knew how to conduct the interview in culturally acceptable ways. Secondly, we feel it was
beneficial for both interviews and analysis to be conducted by the research team with its own professional language skills, rather than outsourcing this stage to other interpreters and translators. We therefore argue that a more in-depth understanding of the support needs of Australia's ageing NESB migrants can benefit from research being conducted by multi-lingual, multi-cultural teams who can contribute their nuanced cultural and language understandings to research analysis and interpretation, and in defining more nuanced implications for practice and policy.

ACKNOWLEDGEMENTS

The authors would like to thank the interview participants and service organisations for the time and effort they gave to participate in this research. The authors also thank the various organisations who provided funding for this research: St Basil’s Homes (Greek Archdiocese, Adelaide), Ministry of Culture & Tourism of the Government of the Hellenic Republic, Flinders University Faculty of Education Humanities Law & Theology, Flinders University Faculty of Health Sciences, and the Flinders University Deputy Vice-Chancellor Research’s Co-Investment Fund. And last but not least, the authors thank Ms Mary Skaltsas of Flinders University Modern Greek Section for her skilled and ongoing administrative and moral support for this project.

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for the Freemasons Centre of Research into Aged Care Services, Perth: Curtin University of Technology.


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