



Inclusive ageing, free from racism: African Australian seniors anti-racism project

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We acknowledge the Traditional Owners of Country throughout Australia and recognize their continuing connection to land, waters, and culture. We pay respect to elders and acknowledge the Traditional Owners who have cared for the Country since time immemorial. Sovereignty over this land was never ceded – it always was, and always will be Aboriginal land.

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South Sudanese Association
South Sudanese Community
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Tigray Association
Uganda the Pearl of Africa Victoria Association (UPAVA)

DEDICATION:

This report is dedicated to the late Dr Apollo Nsubuga-Kyobe who initiated this research before his passing in late 2022. Dr. Apollo was a respected scholar, leader, and advocate for the Victorian African community. We are honoured to complete this project on his behalf.

LIST OF ACRONYMS

ABS	Australia Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ATT	African Think Tank, Inc
CALD	Culturally and Linguistically Diverse
COVID	Corona Virus Disease
ECCV	Ethnic Communities Council of Victoria
FECCA	Federation of Ethnic Communities Council of Australia
FGD	Focus Group Discussion
LGA	Local Government Area

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EXECUTIVE SUMMARY

The population of people of African heritage living in Australia is rising, as is the population of African Australian seniors. Anecdotal reports, media narratives, and some academic work suggest that African Australian seniors may be subjected to discriminatory behaviour. Yet there is a dearth of research about the experiences of African Australian seniors. This project aims to contribute towards addressing this critical knowledge gap and to inform policy to reduce discrimination experienced by African Australian seniors.

The project mapped and evaluated African Australian seniors' experiences of access to quality and safe support and care through community consultations facilitated across Melbourne and regional Victoria. The project used a mixed methods approach, collecting quantitative and qualitative data through surveys and focus group discussions, which were then thematically analysed. Other information used in this report was the census data from the Australian Bureau of Statistics, and the Australian Institute of Health and Welfare (AIHW National Aged Care Data Clearing House, 2021). The key findings are grouped into five major themes.

Theme 1 focused on 'Positive experiences of ageing in Australia'. Broadly speaking, many African Australian seniors have had positive experiences as they age, especially when accessing services and care. Some African Australian seniors expressed gratitude that they have had positive experiences accessing medical and social services and had educational and employment opportunities. They have also enjoyed peace and security, appreciated living in a multicultural society, and expanded their social networks.

Theme 2 focused on 'Challenges of ageing in Australia', which included cultural barriers to services and community, economic difficulties, separation from community/family, intergenerational and cultural conflicts, challenges accessing transportation and mobility, and racism/discrimination.

Theme 3 focused on 'Personal experiences of racism in Australia'. Racism was singled out and explored more deeply as it re-emerged throughout the study. Some African

Australian seniors indicated that they had encountered racism daily in both public and private spaces.

Theme 4 focused on ‘Ageing and COVID-19 experiences’, with African-Australian seniors reporting that COVID-19 lockdowns brought about loneliness, mental anguish and trauma, stress, and the loss of friends and family members.

Theme 5 focused on ‘Groups and service providers’, such as community-based groups, aged care service providers and religious groups and Think Tanks that provided support to African Australian seniors. Participants expressed a strong preference of being cared for by either their families or within their cultural or language communities as they age.

In sum, the findings indicate that intersecting factors of race, culture, age, language, and local availability of social supports contribute to African Australian seniors’ sense of belonging in Australia. The most striking finding was participants’ deep-rooted fear of being cared for in aged care facilities, as opposed to being taken care of in home as is their cultural experience. This was exacerbated by the weakening of family and community supports for the elderly.

Recommendations

Government and other stakeholders

- 1. The establishment of culturally appropriate residential age care homes:** The participants were clear that mainstream age care homes were not conducive for their well-being. Therefore, stakeholders need to consider advocating for the establishment of aged care services that can ensure culturally appropriate care for African Australian seniors. The participants noted that some migrant communities that have been in Australia for a long time, such as the Greek, Italian and Chinese, have community-based homes tailored to support them in a culturally sensitive and appropriate ways. Such a model can be instituted for African Australian seniors as well.
- 2. Anti-racism policies:** There is little policy work framed to tailor to culturally appropriate responses that would address racism faced by senior African Australians. It is recommended that government should consider that in addition to the current consumer complaints system in aged care, a culturally sensitive aged care policy framework be crafted. Such a policy framework, among other things, should require aged care providers to make available simple, understandable information about policies and processes for specifically reporting racism and discrimination. This will

enable African Australians to report and ensure their experiences are documented; current policy documents reviewed in this study are silent on African seniors' experiences of racism and discrimination.

- 3. The effective implementation of anti-racism policies:** Racism and discrimination were seen to be major challenges. As a result, there need to be criteria for provider licensing to operate subject to making available clear zero-racism and discrimination policies to ensure everyone feels they belong in Australia. There is also the need for educational training to create an awareness of racism and discrimination in different institutions and how to address such discriminatory behaviours to make African and indeed any other seniors feel they belong in Australia.

Community/ family

- 4. Bridging cultural/generational divide:** There is a need to support cultural programs to strengthen and, in some instances, repair the relationships between parents and their children. We recommend that to overcome breakdown in family and community support for elders' cultural education that has the potential to instil the value of children caring for and supporting their parents is vital. This could be complemented by raising awareness of seniors' rights by linking up with Seniors Rights Victoria to co-develop a culturally appropriate educational program, for example, for African Australian older people to prevent elder financial abuse.
- 5. Rising cost of living and implications for care:** It is also noticeable that the current cost of living is on the rise, and perhaps, it is not the case that adult children are unwilling to care for their parents but that they may not have the resource capacity to do so. In such an instance, we recommend a mechanism that would provide additional support for those who have the responsibility of taking care of their parents (seniors). Additionally, the available carer payments must be fully utilised for the benefit of the carers.

INTRODUCTION

The African Think Tank's *Inclusive Ageing, Free from Racism: African Australian Seniors Anti-Racism Project* sought to map and evaluate African Australian seniors' experiences of access to quality and safe support and care through community consultations facilitated across Melbourne and regional Victoria. For this project, 'senior African Australian' or 'African Australian senior' refers to people of African heritage or descent aged 55 years or older living and 'ageing' in Australia. We explored scholarly works, as well as synthesised a collection of grey literature and policy documents pertaining to ageing and aged care issues and how they are framed and implemented in Australia. We focus on the Aged Care Diversity Framework and culturally diverse ageing in Australia among senior African Australians, as a lens through which we appraised their experiences. In addition, we draw fresh insights from primary data collected from African Australian seniors that helped us to deepen our understanding of their experiences first-hand.

According to the Australian Bureau of Statistics (2020) 16.2% (4.2 million) of the Australian population was aged 65 and over in 2020. Over 53% of people over 65 years were women. The ABS (2018) had earlier projected that by 2066, the Australian older population will be between 21%-23% of the total Australian population. Culturally and linguistically diverse (CALD) older people (including African Australian seniors) have made and continue to make invaluable contributions to the Australian society. As the size of this community grows, it will be crucial to identify strategies to support them in their ageing journey.

African-born population in Victoria

The population of people born in Africa and living in Australia is increasing. We predominantly use numbers, instead of percentages, as they give a clear picture of the actual number of African-Australian seniors. The 2021 census data from the Australian Bureau of Statistics (ABS) showed that the population of Australia was 25.65 million and those who lived in Victoria were 6,503,491. Only 0.36% (23268 people) of Victoria's population were born in an African country (ABS, 2021). We present the top four numbers of the African-born population of seniors in Victoria. The highest number of Africans living in Victoria were from South Africa (9,649). These comprised 4,471 in the age range of 55-64 years; 65-

79 (4,182), and those over 80 years old totalled 989¹. This was followed by 5,601 who came from Mauritius. The majority were those within the age range of 65-79 (2,464); followed by those within 55-64 years (2,367), and the over 80 years old were 765 people. Victorians who came from Ethiopia totalled 1,129 people, comprising 856 Ethiopians within a range of 55-64 years old; 223 within the range of 65-79 years; and only 41 over 80 years old. The last one was from Zimbabwe, with a total of 1,150 seniors. The majority were from the age range of 55-64 years (692). Approximately 407 were from the age range of between 65 and 79 years old and 53 seniors were over 80 years old. This data clearly indicates that there are few African Australian seniors over 80 years old in Victoria.

Data on African Australian seniors by region and age range is presented in Table 1 below.

Table 1: Location of African Australian Seniors by Region and Age

Region	55-64	65-79	80+	Total
Ballarat	115	92	19	226
Bendigo	107	102	13	222
Geelong	315	248	51	614
Hume	144	97	29	270
Latrobe-Gippsland	324	314	43	681
Melbourne-Inner	911	697	138	1,746
Melbourne - Inner East	636	561	157	1,354
Melbourne - Inner South	1,441	1,356	397	3,194
Melbourne - North East	826	505	107	1,438
Melbourne - North West	486	312	52	850
Melbourne - Outer East	987	933	196	2,116
Melbourne - South East	2,746	2,474	761	5,981
Melbourne - West	1,947	829	147	2,923
Mornington Peninsula	523	549	126	1,198
North West	100	74	9	183

¹ The data do not differentiate between white South Africans and South Africans of other races. Notably, during the Apartheid system, South Africans who migrated to Australia were mostly white South Africans.

Shepparton	85	35	9	129
Warrnambool and South West	88	45	8	141
No usual address	7	-	-	7
Total	11,788	9,223	2,262	23,273

*Source: ABS (2021) Census Data Table Builder

Approximately 19,602 African Australian seniors reside in the Melbourne regions, with the majority being those within the age range of 55-64 years old (9,980). This is followed by those in the age range of 65-79 (7,667) and over 80 years old, comprising 1,955 African Australian seniors. Furthermore, 1,198 African Australian seniors are located in the vicinity of Mornington Peninsula. Approximately 549 are within the age range of 65-79, while 523 and 126 are in the age range of 55-64 and over 80 years old, respectively. Evidently, there are few over 80 years old African Australians living in Mornington Peninsula.

Table 2 presents the African Australian seniors' proficiency in the English language by age. Most African Australian seniors (6,145) between the age of 55-64 speak English only. Approximately 3,390 who speak other languages speak English very well, and approximately 607 speak other languages and do not speak English well. Approximately 94 African Australian seniors do not speak English at all.

Table 2: Proficiency in English by Age

ENGLP Proficiency in Spoken English	Speaks English only	Uses other language and speaks English: Very well	Uses other language and speaks English: Well	Uses other language and speaks English: Not well	Uses other language and speaks English: Not at all	Not stated - both language (LANP) and proficiency in spoken English not stated	Not stated - language (LANP) stated, proficiency in spoken English not stated	Total
55-64	6145	3390	1505	607	94	20	28	11790
65-79	5415	2206	964	423	163	34	14	9227
80+	1156	492	320	173	66	32	9	2256

*Source: ABS (2021) Census Data Table Builder

Table 2 shows that the number of African Australian seniors in all the age ranges who do not speak English at all are 94, 163, and 66, totalling 323.

Table 3 presents percentages of the arrival of African Australian seniors by Age.

Table 3: African Australian Seniors Year of Arrival by Age

YARRP Year of Arrival in Australia	1905 - 1950	1951 - 1960	1961 - 1970	1971 - 1980	1981 - 1990	1991 - 2000	2001 - 2010	2011 - 2020	1 January 2021 - 10 August 2021	Not stated	Total
55-64	0	0.44	10.77	9.56	21.70	21.42	26.90	7.61	0.16	1.32	100
65-79	0.34	3.15	16.80	19.77	30.12	11.25	10.52	6.41	0.159	1.53	100
80+	1.55	4.26	25.75	20.57	17.51	10.15	9.62	5.14	0	5.41	100

*Source: ABS (2021) Census Data Table Builder

There was much arrival activity around 1961-1990. Around 25.75 percent of African Australian seniors, who are now over 80 years old arrived in Australia between 1961-1970, and 20.57% between 1981 and 1990. There were fewer arrivals between January 2021- 10 August 2021. This was probably due to COVID-19 travel restrictions.

BACKGROUND: RATIONALE AND KNOWLEDGE GAPS

The rationale for this project was spurred by three main factors: a question as to whether African Australian seniors have equitable access to quality and culturally sensitive aged care services. This includes scholarship gaps on the unique experiences of the African Australian seniors, and policy and practice limitations. First, African Australians noted in a section of the *African Australians Settlement & Integration 2030: Opportunities and Challenges Conference* post-conference report about the need for:

Government investment and support for the establishment of culturally sensitive policies and aged care programs to better cater to the needs of the increasing number of African Australian seniors. Culturally sensitive aged care programs can play a key role in ensuring access and equity in service provision. It was suggested to consult more with African Australian communities and seniors on their specific needs and preferences as well as unique characteristics to help develop more culturally sensitive support services for African Australian seniors (ATT Report, 2018, p. 35).

It is thus important to note the profile of African Australian seniors who are already in aged care. As shown in Table 3, the Australian Institute of Health and Welfare (AIHW) National Aged Care Data Clearing House, 2021 shows that in 2020-2021, in Victoria, around 1,016 African Australian seniors were either in respite (to allow carers a break) or permanent residential care (96 and 960 respectively). Additionally, approximately 1,338 and 4,038 received home care packages and home support packages, respectively (AIHW, 2021).

Table 3: Number of Victorian African Australian Seniors by Country of Birth in Residential Aged Care, Home Care Packages, and Home Support Program 2020-2021.

Country of Birth	Respite Residential Aged Care	Permanent Residential Aged Care	Total Residential Aged Care	Home Care Packages	Home Support Program
Algeria		3	3	2	13
Egypt	52	378	430	723	1,750
Libya	1	23	24	24	78
Morocco	-	9	9	3	30
Sudan		11	11	32	69
Tunisia		7	7	7	12
Spanish North Africa				-	4
South Sudan				-	2
Benin				1	1
Burkina Faso					1
North Africa, nec			-	2	2
Sub-Saharan A			-	-	
Cameroon	1		1	-	2
Cape Verde					1
Central African Rep			-	1	5
Chad					2
Congo		1	1	-	5
Congo, DR of			-	1	6
Cote d'Ivoire					1
Equatorial Guinea			-	-	1
Gabon					2
Gambia					1
Ghana		2	2	4	4
Guinea		1	-	-	1
Guinea-Bissau			1	-	
Liberia		1	1	-	8
Mali					1
Mauritania		3	3	2	17
Niger			-	1	5
Nigeria	1	1	2	1	5
Sao Tome & Prin.					
Senegal		1	1	2	4
Sierra Leone			-	1	8
Togo			-	1	4
Angola		1	1	1	
Botswana		1	1	-	3
Burundi			-	2	5
Djibouti			-	1	3
Eritrea	1	3	4	30	131
Ethiopia	1	8	9	32	87

Kenya		14	14	15	59
Lesotho					1
Madagascar		3	3	1	2
Malawi			–	1	2
Mauritius	15	138	153	160	642
Mayotte			–	4	2
Mozambique			–	–	7
Namibia			–	–	4
Reunion			–	–	–
Rwanda			–		1
St Helena			–		–
Seychelles	1	24	25		76
Somalia		4	4	26	87
South Africa	22	256	278	58	774
Swaziland		1	1	184	19
Tanzania		5	5	-	16
Uganda		2	2	1	17
Zambia		6	6	4	48
Zimbabwe	1	12	13	8	–
S & E Africa nec		1	1	2	7
Total - African Countries	96	920	1,016	1,338	4,038

*Source: Table compiled from data from the AIHW National Aged Care Data Clearing House, 2021

This data shows that the top three recipients of these packages were African Australian seniors from Egypt, with 430 seniors in residential aged care, and 723 and 1,750 seniors receiving home care packages and home support programs, respectively. Seniors from Mauritius were the next highest numbers, with 153 in residential aged care. Approximately 160 and 642 receive home care packages and home care support programs, respectively. The third highest numbers were South African seniors. Approximately 278 were in residential aged care, while 58 and 774 received home care packages and home care support programs, respectively. This data suggests that despite the high number of Africans from sub-Saharan Africa, the utilisation of residential aged care, home-based care, and home support programs is very low, as depicted by the scant data in Table 3.

Second, after a scoping review of scholarship on African Australian seniors' experiences, we noted there was a paucity of knowledge or disaggregated evidence in this area. As a result, we are lacking scholarly evidence on the experiences of African Australian seniors when it comes to care and access to services in Australia. The only scholarly work that focused primarily on the experiences of African Australian seniors was that of Fernandez and Athukorala's (2022) on care and support experiences of Ethiopian Australian seniors of

refugee background and Mungai, Guse, and Moi's (2016) research on African Australian seniors of refugee background. These studies make significant contributions to understanding the experiences of certain populations of African Australian seniors, however, such studies were limited in scope.

Mungai, et. al. (2016) study used two teaching case studies based in the regional town of Wagga Wagga, New South Wales, which focused, as noted above, on African Australian seniors from refugee backgrounds. They found that their participants faced resettlement challenges that heightened their risks of experiencing abuse, particularly financial, physical, and emotional abuse. One case study was on financial abuse which was experienced by one African Australian senior; he had entrusted his adult children to manage his financial affairs but later found that they were diverting funds to their own accounts. Despite the limited focus of this study, as a pioneering work, it provided insight into the relationship between African Australian seniors and their younger family members. What is instructive about their work was their declaration that elder abuse among African Australians was "a phenomenon where there is virtually no information and one that needs to be researched more thoroughly in the future" (Mungai et al., 2016, p. 7).

Importantly, The Royal Commission into Aged Care Quality and Safety (2021), which was established to investigate the quality and safety of our elderly in the aged care system (KPMG, 2023), noted that, in 2019-2020, in line with the *Aged Care Act 1997 (Cth)*, on mandatory reporting, there were 5,700 allegations of elderly abuse that were reported. Furthermore, 27,000 to 39,000 assaults that were exempt from mandatory reporting were noted. However, the number of African Australian seniors included in these stated figures is not known.

Fernandez and Athukorala (2022) explore the care experiences of Ethiopian Australian seniors of refugee background. They found that there was a familial orientation of care provision and thus argued that such a familial orientation coupled with difficulty in accessing formal care services reshaped care relationships post-resettlement and led to a heavy reliance on female family members (usually older daughters). They conclude that such an orientation has serious implications for the long-term viability of elder care and gender equity regarding the provision of support for elderly family members. Although this study provides us with insights into the care needs of Ethiopian seniors of refugee backgrounds, it is only limited to

Ethiopian Australian seniors. The *Inclusive Ageing, Free from Racism* report provides a holistic understanding of the experiences of elderly Africans from different cultural backgrounds.

Another relevant research was conducted by Olanokanmi-Alimi, Natalier, and Mulholland (2021), which investigated the experiences of racism among migrant African women working in the Australian aged care sector. Findings of Olanokanmi-Alimi et. al. (2021), reveal those migrant African women working in the aged care sector face racism from both clients and colleagues. Although Olanokanmi-Alimi et. al. (2021) focused on African women aged care workers, the study sheds light on the experiences of African Australians in the aged care sector. Our study sought to extend this conversation by exploring various ways by which African Australian seniors experience structural discrimination beyond their families.

Thirdly, besides scholarly gaps, the lack of a policy framework that focuses specifically on elderly African Australians also spurred this research project. For example, policy documents we reviewed revealed some challenges that Seniors from Culturally and Linguistically Diverse (CALD²) backgrounds face in Australia. These include structural, service, and cultural barriers. For example, the ‘Actions to Support Older CALD People: A Guide for Aged Care Providers’ highlighted system complexity and a general lack of awareness of services available to older people from CALD backgrounds and how to access such services. Also, the lack of culturally and linguistically appropriate aged care providers, culturally incompetent staff and carers, and a high turnover rate limit trust and rapport building (Department of Health, 2019). Indeed, the post-conference report of the *African Australians Settlement & Integration 2030: Opportunities and Challenges Conference* noted that some African Australian seniors are suspicious of the government’s involvement in aged care, and family dynamics and attitudes towards caring responsibilities (family shame and stigma). It also highlighted communication difficulties related to English language proficiency, and concerns over particular beliefs, behaviours, and preferences that are not well-understood by the larger Australian population (ATT Report, 2018).

² Even though we use the CALD as a terminology in this report, we are aware of its limitations. Some critics argue that the term CALD can unintentionally homogenize diverse communities, potentially overlooking the distinct experiences, needs, and challenges within these groups.

While not specific to African Australians, the ‘Actions to Support Older CALD People’ framework acknowledges that CALD consumers may experience racism or discrimination, and such experiences may be further compounded by a perception that CALD consumers pose additional costs and are more difficult to care for (Department of Health, 2019). While important, articulating the common experiences of CALD consumers could mean that the specific needs and concerns of some groups may be overlooked. For example, the representativeness of the consultation processes, including a breakdown of the groups consulted for the preparation of the ‘Actions to Support Older CALD People’ framework was not available. Significantly, the framework frames experiences of discrimination and racism as a possibility but does not articulate the shared experiences of CALD consumers. Indeed, the policy framework requires that aged care providers provide simple, understandable information about policies and processes for reporting racism and discrimination (Department of Health, 2019). Whilst the Aged Care Quality and Safety Commission has a system in which aged care service users can lodge a complaint, senior African Australians, who in most cases experience racism and discrimination, are not aware of such policies, nor do they have access to the policy documents (Aged Care Quality and Safety Commission, 2023a).

Any form of discrimination, including racism towards the elderly is a matter of concern. Therefore, understanding the different dimensions of such discrimination to inform policy and practice is essential. This project is timely in its mapping and evaluation of African Australian seniors’ experiences of access to quality and safe support and care through community consultations. It provides needed insights into the well-being aspirations of senior African Australians to support policy-making and practice.

In sum, the call by African Australians, scholarly gaps, and policy limitations, triggered this study. We focus on the experiences of older persons of African descent in Victoria. Specifically, we tease out the different categories of African Australian seniors, such as the elderly who are still in employment, those who have retired and have access to their superannuation, and those who have never worked or are without retirement income—these categorisations matter as we assume that different cohorts will be exposed to different challenges and opportunities. For example, we assumed that those who are in employment may still be independent or partly independent, those who do not have retirement income and never work may be highly dependent on other people for their survival.

Project outputs

This research is one of the first **dedicated** studies on the ageing experiences of African Australian seniors, within the Australian context. International literature on the experiences of African Australians ageing to date is limited. Whilst we are aware of the Australian reports that focus on the ageing issues confronting CALD seniors in Australia (for example, the Aged Care Diversity Framework 2017; and The Royal Commission into Aged Care Quality and Safety, 2021), we believe that findings of this project will contribute to policymakers' knowledge of African Australian seniors' experiences of access to safe quality care and support. Thus, the outcomes and outputs of this project are as follows.

- Developed an education training pack and carried out training sessions for the community and service sector (e.g., local government, service providers, aged care organisations, police) raising awareness and providing ways of reducing racism.
- Developed an accessible report for policymakers, community, and service providers.
- Created an avenue for reflections and conversations among African Australian seniors about their shared experience of growing old in Australia.
- Provided one policy brief with recommendations to guide policymakers regarding age care among African Australian seniors.

CONCEPTUAL FRAMEWORK

In Australia, the Commonwealth government manages the delivery of aged care services, including funding and developing the sector's policy framework. The Australian government funds the aged care sector through subsidies and supplements, capital grants for residential aged care, and program funding. On the one hand, individuals who receive government-subsidised aged care contribute to this fund through the fees they pay (Health Department 2019c). On the other hand, the Victorian State Government supports policies, programs, and services such as seniors' classes, food relief programs, and activities towards older Victorians' well-being and social participation (Vic State Government n.d.). As discussed below, policy considerations of ageing for culturally diverse populations are mostly articulated in the 'Aged Care Diversity Framework' and 'Culturally diverse ageing in Australia'. We, therefore, explored the experiences of African Australian seniors through this framework to determine the extent to which it contributes to their well-being.

Aged Care Diversity Framework

The Aged Care Diversity Framework was launched in December 2017 by the Commonwealth Government to embed diversity at the core of aged care delivery in Australia. Developed by the diversity sub-group of the Aged Care Sector Committee, the framework demonstrates the Commonwealth's commitment to a culturally inclusive aged care system that is accessible and responsive to all senior Australians' diverse needs and life experiences. It recognises that the Australian aged care system can only deliver quality care if it is person-centred and respects the dignity and rights of every person. Thus, it seeks to solve perceived and actual problems that hinder *all* seniors from accessing safe, equitable, and quality aged care services by engaging carers, consumers, and peak organisations. It complements the Aged Care Quality Standards and follows the human rights-based approach – all Australians, irrespective of background or life experience, should have access to quality and dignified care (Commonwealth of Australia, 2017). The Diversity Framework is underpinned by 'strategic imperatives' (6 Outcomes for Consumers) that provide a mechanism "for assessing current performance, identifying gaps and designing pathways to improve inclusive service provision" (Health Department 2019a, p. 8). The framework is supported by Action Plans that work to empower and support governments, aged care providers, consumers, and all other stakeholders to be able to address the needs of older people from CALD backgrounds,

First Nations people, and LGBTI+ people, among other marginalised groups (Health Department, 2017).

A brief review of some of the supporting action plans includes a guide for care providers and consumers about actions to support older diverse people. The *Actions to Support Older CALD People: A Guide for Aged Care Providers* assists aged care providers on how best to tailor their services to meet the needs of people from CALD backgrounds by articulating the common needs of CALD consumers. Significantly, it acknowledges that CALD consumers may experience racism or discrimination and provides information on a simplified reporting process. This Guide stresses ‘culturally appropriate’ models of care. We note that ‘culturally appropriate’ differs according to life and migration experiences (Health Department, 2019a). The *Inclusive Ageing, Free from Racism* report explores the extent to which the Diversity framework and its supporting Actions Plans contribute to meeting the needs of African Australian seniors.

It must be noted that there are eight quality standards that organisations, especially those that provide Commonwealth subsidised aged care services, must comply with. These organisations are assessed against these Quality Standards. It is a requirement that these organisations provide evidence of their compliance and performance against the Quality Standards. The Australian government may take action against providers who fail to comply (Aged Care Quality and Safety Commission, 2023b).

These Standards suggest that delivering culturally safe care and services is about recognising, respecting, and supporting the unique cultural identities of consumers by meeting their needs and expectations, and recognising their rights. An understanding of a consumer’s cultural identity can lead to better care and service outcomes for consumers. What is culturally safe for one consumer can be different to what is culturally safe for another consumer. It is not uncommon to find such preferential differences even among people who identify as being from the same group.

Delivering care and services that are culturally safe, means working with the consumer, and any other people they want to involve so that their cultural preferences and needs can be understood. It goes further than just respecting diversity. It means that organisations know what to do to make each consumer feel respected, valued, and safe. Achieving culturally safe

care and services means that an organisation must demonstrate its inclusive care and support for cultural diversity for each consumer throughout the Quality Standards.

It is important to note that *Strengthened Aged Care Quality Standards* are under development after public consultations that were held between 17 October and 25 November 2022. These Aged Care Quality Standards have a stronger emphasis on Quality and Safety culture. Whilst these Quality Standards are being piloted by the Aged Care Standards and Quality Commission, as of April 2023, it is hoped that relevant stakeholders will take them on board to treat older people from all different cultural backgrounds with dignity and respect, in an environment that is culturally safe and free from discrimination and racism (Department of Health and Aged Care, 2023).

APPROACH AND METHODOLOGY

Key research questions

The research project was underpinned by the following overarching research questions:

- What are the experiences of senior African Australians accessing aged care services?
- What are the personal experiences of racism for senior African Australians participating in the project?
- Are senior African Australians aware of their jurisdictions' available aged care services?
- What are the experiences of African Australian seniors during COVID-19 lockdowns?

Research design

The project utilised mixed methods to provide a more holistic understanding of the topic being investigated (Creswell & Clark, 2018). The convergent design of this project was used to integrate both qualitative and quantitative data thereby obtaining a more complete understanding of the ageing experiences of senior African Australians in Victoria. Research ethics approval for this project was obtained from the University of Melbourne's Human Research Ethics Committee.

Sampling strategy and recruitment

Eligible participants of the study were senior African Australians, aged 55 years and over, living in Victoria. The sampling strategy for eligible participants aimed at engaging with senior African Australians with diverse demographic characteristics.

Data collection and analysis

The project's key research questions guided the collection and analysis of the quantitative and qualitative data. Data were collected between June 2022 and March 2023. The research assistants who collected data were members of the African community. The research assistants received training on data collection, particularly interview techniques pertinent to the experiences of African Australian seniors. Here, we adapt Ager and Strang's (2008) conceptions of integration in resettlement settings to identify important indicators such as employment, housing, education, and health. We collected data on participants' year of arrival in Australia, the countries they have lived in prior to relocating to Australia, their visa

category, and their current visa type (e.g. temporary, permanent, and citizen). Other demographic data included their highest qualifications, marital status, family relationships, employment status, and pooled income. A synthesis of reports and other reputable published sources such as the Australian Bureau of Statistics reports, Australian Institute of Health and Welfare reports, and reports from other professional bodies relevant to aged care have been used. Census data on Africans were collected by filtering the Australian Bureau of Statistics (ABS, 2021) data, using “table builder”. Other data on the number of African Australian seniors by country of birth, who were in respite, residential, and receiving homecare packages, and home support programs were obtained from the Australian Institute of Health and Welfare (AIHW National Aged Care Data Clearing House, 2021). The key findings are grouped into five major themes. The quantitative data was analysed using an excel spreadsheet, for descriptive statistical information on African Australian seniors.

The qualitative data was collected in two stages. The first stage was through an interviewer administered survey, using a questionnaire, and guided by the interviewer. This first stage occurred between June 2022 and October 2022. The second stage involved Focus Group Discussions (FGDs), which were conducted with two separate groups of senior African Australians. This was due to the difficulty of bringing participants together in one group. The first FGD was held on 2 February 2023, in the southeastern suburbs of Melbourne, Victoria at Springvale, and the participants were predominantly women.

The second FGD was conducted on 3 March 2023, at Dandenong, and participants comprised men and women. Both FGDs lasted for approximately two hours. The FGDs were conducted mainly to validate the information from the first stage, and to delve deeper into the experiences of African Australian seniors about access to and experiences of quality and safe support and care. Prior to conducting the FGDs, the researchers identified questions to explore specific issues regarding the participants’ views and their lived experiences of aging. These included the role family, community, society, and services play in the lives of senior African Australians, particularly validating if they were aware of available aged care services in their jurisdictions. We probed if African Australian seniors were accessing culturally responsive aged care services that were free from racism. Moreover, focusing on female participants for the FGDs was valuable, given the lower participation of females in the individual interviews/surveys. As per the ethics considerations, the interviews and Focus

Group Discussions were audio-recorded and professionally transcribed by an independent contractor. The raw digital qualitative data was transferred to the professional transcription services provider through a secure password-protected online portal.

The transcribed data were thematically analysed and presented. The analyses were in stages. First, deep engagement with the data enabled themes and subthemes to be identified as a team, to ensure consistency of meaning derived from the data. After this process had concluded, the write-up commenced. All names used in this report are anonymised, with quotes presented verbatim.

PRESENTATION OF FINDINGS

DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

This section presents a descriptive analysis of the socio-demographic and economic characteristics of African-Australian seniors who participated in this survey. The analysis is presented in Table 4 below.

Table 4. Socio-demographic Characteristics of research participants

	Frequency	Percent
Gender		
Female	8	16.67
Male	40	83.33
Family structure		
Widowed	2	4.17
Married	31	65.58
Single	13	27.08
No response	2	4.17
Level of education before arriving in Australia		
Grade 9 or less	5	10.42
University graduate	13	27.08
High school	17	35.42
Vocational or Community college	1	2.08
Never been to school	12	25.00
Visa category held on arrival		
Offshore	26	54.17
Onshore	11	22.92
Other	3	6.25
No Response	8	16.67
Current visa type		
Citizen	40	83.33
Permanent	8	16.66
Employment status		
Part time	10	22.73

Retired	7	15.91
Student	1	2.27
Unemployed	10	22.73
Working full-time	16	36.36
Annual income		
<\$25,000	30	62.50
\$25,000 - \$49,000	11	22.92
\$50,000 - \$74,999	4	8.33
>\$75,000	3	6.25

Regarding gender, most of the participants (83.33%) who participated in the individual interviews were males, while females comprised 16.67%. In terms of family structure, more than half of the participants (65.58%) were married, 27.08% were single, and a small number constituting 4.17 %, were widowed. Education levels reveal the majority (35.42%) had attained high school qualifications before relocating to Australia; 27.08 % had a university education; 10.42% had a grade 9 education or less; and 25% of the participants did not have any form of education before relocating to Australia.

In terms of Visa category held on arrival, the majority (54.17%) had their visas processed offshore, 22.92% processed visas onshore, and 6.25% processed their visas through other means. Around 16.67% of the participants did not state whether their visas were processed onshore or offshore. Regarding citizenship status, the overwhelming majority (83.33%) were citizens, while 16.67% were Permanent Residents. Their employment status was varied. More than half (59.01%) were employed, including full- and part-time workers. Specifically, 36.36% of the research participants were engaged in full-time work, while 22.73% were engaged in part-time work. It is also important to highlight that 15.91% were retired, while 22.73% were unemployed.

In terms of average annual income of our participants, more than half (62.50%) earned less than 25,000 Australian dollars per annum, 22.29% earned between \$25, 000 and \$49,000 per annum, 8.33% earned between \$50,000 and \$74,999 while 6.25% earned over \$75,000 per annum.

Regarding countries of origin/where African seniors had lived before relocating to Australia, most were from the Horn of Africa. The countries mainly included Somalia, Eritrea, Sudan, South Sudan, Ethiopia, Kenya, and Djibouti. A few also indicated Egypt (north Africa) as their country of origin. There was yet another cohort who had indicated they were from Southern Africa (Botswana and South Africa). It is also important to mention that some participants had lived in multiple countries before finally arriving in Australia, including countries in Africa mentioned above and others outside of Africa, such as France, New Zealand, and Saudi Arabia, among others.

Data were also collected using Focus Group Discussions (FGDs), FGD 1 and FGD 2, of which all participants aged 55+ years. FGD 1 were all females. The rationale for focusing on female participants for the FGD 1 was to make up for the low participation of females in the individual interviews/surveys. Thirty (30) African-Australian seniors participated in the FGDs, and all were residents of metropolitan Melbourne. FGD 1 was made up of 23 women located at Springvale and FGD 2 was convened by an African organisation service provider in Dandenong, and comprised of both women and men seniors, and all were residents of metropolitan Melbourne. One group was made up of an all-women group located in Springvale South and the other was convened by an African organisation service provider in Dandenong. In FGD 1, all the women, except one, migrated to Australia through refugee visas and were all citizens and spoke competent English. They were mainly from Somalia (8), South Sudan (9), Malawi (3), Uganda (2) and 1 China (but identifies as an African through marriage). Finally, in terms of education, 45.8% completed level 9 or below, 25% held a diploma, 20.8% had a university degree while 8.3% held a vocational certificate or year 12. As for FGD 2, we had seven participants: Burundi (1); Somalia (1); South Sudan (1); Uganda (2), and Malawi (2). In terms of education, one participant (14%) completed Certificate 111; 2 (29%) completed a Diploma; and 4 (57%) attained university degrees.

MAPPING AND EVALUATING ACCESS TO AND EQUITY OF SERVICE DELIVERY

This section mapped and evaluated access to and equity of service delivery for African-Australian seniors in metropolitan and regional Victoria. These are presented with a focus on various themes.

Theme 1: Positive Experiences of Ageing in Australia

In this section, positive ageing experiences of African-Australian seniors in Australia are presented. We have grouped their positive experiences into the following subthemes: access to medical and social services, opportunities for employment, standard of living, peace and security, multicultural society, social networks, and connectedness/family networks.

Access to health services

African-Australian seniors who participated in this study reported having access to good medical/health services in Australia. This was especially important for them because their advanced ages often predisposed them to illnesses. They indicated that having access to medical services offered them: *free or affordable medication; easy access to medical professionals such as doctors, nurses; and the quality of medical services provided within good hospital infrastructure.*

When expressing his experience of ageing in Australia regarding medical services, Jojo asserted: *the good thing is that the system (hospitals) looks after you.* Nina noted: *with Medicare, I can access free medical care in Australia.* Kenyi said: *Anytime I go to the hospital; I get treated well.* These quotations demonstrate how the participating seniors measured their positive experiences of ageing in Australia, especially regarding accessing health care.

Access to social services

Besides medical services, some African-Australian seniors reported that another positive aspect of their lives in Australia was their ability to access social services. They reported that Australia has a good welfare system that takes care of the needs of seniors and vulnerable people. For this report, we have organised the various forms of social services they could

access, as seen below.

Centrelink social benefits for the elderly

African Australian seniors articulated how their ability to benefit from Centrelink schemes contributed positively to their lives in Australia. African Australian seniors noted that Centrelink benefits enabled them to meet their basic needs, without which it would have been difficult to survive. For example, Makena said: *I get a reasonable pension income*; for Tabi, *Centrelink is good because it creates stability* while Njor noted that *Centrelink benefits to meet people's basic life needs*.

It is interesting to note that different terminologies are used by our participants to describe what they receive from Centrelink; these differences in terminologies may relate to the different benefit types. However, the most important thing is that there is consensus among the participants that the government funded benefit scheme supports older citizens.

Concessions for the Elderly

African-Australian seniors also noted that they were given some senior / pensioner concessions to access public services. For example, some reported being given concession cards for transportation, some training for seniors (IT) and community centres. This act provided access to some of the services they would have otherwise struggled to access. Providing a concession card for public transport enables African-Australian seniors to travel and go about their daily activities with ease.

Educational advancement and employment opportunities

African-Australian seniors indicated they had appreciated opportunities provided to them and their children to advance in education and gain employment. The opportunity to upskill made them more employable in Australia. In addition, they also noted that education was subsidised for those with citizenship or permanent residency status. Fatimah highlighted that *education was free, especially from Primary to secondary*, while Nina was delighted that *there were equal opportunities, especially in the education system*.

The direct benefit of educational attainment is that it provides opportunities to gain new skills, enhance old ones, and retrofit their training to suit what the market needs in Australia. This

was captured in the voices of our participants as some of them reported *I got the opportunity to know so many skills, I had an opportunity to know and get many different skills – construction courses and different machinery operation skills*. Some participants further added that once one had advanced themselves educationally and equipped themselves with the skills needed by the market, it was easy to gain employment: *After training, opportunities for seeking employment through the government and other private sectors are available*.

Another advantage that was attributed to post-educational experience was the opportunity to start businesses. For example, Nana noted that *I have taken up good study courses and sports. You can be self-employed*. Another participant, Fikru asserted that after training, *No one can stop you from being self-employed*, while Jabaab reported that there were *abundant work opportunities, you can be yourself and there is work coverage and insurance*.

Multicultural Society/Social Networks and Connectedness/Family Networks

Australia's diversity was also a positive experience for the African Australian seniors who participated in our study. Multicultural Australia afforded them opportunities and exposure to different values that they were unexposed to in their countries of origin. The merits of being exposed to different values include being tolerant and open to new ideas and expanding one's knowledge. The opportunity to also meet different people and learn new cultures were all positives that were reported in our data.

They also highlighted the freedom to practice their religion as one of the participants reported, *practicing your religion is encouraged – it is allowed in Australia. As a Muslim, I can attend the activities of Christians*. The balance between multiculturalism and their ability to maintain family and community connections, as well as establish new networks further enhanced their experiences of the good life in Australia. For example, one participant indicated *I go to my community associations, I am surrounded by family, I am with my family. My wife and children are good to me, and I get support from community members*.

Peace and Security

Another source of well-being was peace and security. Though there are many African Australians who migrated to Australia either through partner or education or even skilled migration pathways, there are also an appreciable number of African Australians who came

through refugee and asylum-seeking pathways. For those who came through the refugee pathways, we can infer that many were already victims of violence and traumatised by those experiences and thus, their appreciation of Australia as a peaceful society. Some people with refugee backgrounds had journeyed through multiple countries before finally finding safety in Australia. One participant noted that life in Australia is *not much of a struggle compared to life in a refugee camp*.

Theme 2: Challenges of Ageing in Australia

Life itself is a challenge. There is nothing easy (Keji, an African senior participant).

This section of the report focuses on challenges faced by African Australian seniors including racism/discrimination, language and cultural barriers, economic difficulties, separation from community/family and intergenerational conflicts. It is also important to highlight that these challenges have an intersectional effect, presenting a harsher reality for some African-Australian seniors. Participants were asked to rank the challenges they faced ageing in Australia as compared to their countries of origin. Table 5 below presents their main challenges. The discussion in this section is further enhanced with data from the survey and FGDs.

Table 5 Most challenging when ageing in Australia than in the country of origin.

Challenge	Frequency	Percentage
Intergenerational conflicts	16	34.78
Cultural barriers	15	33.33
Language barrier	12	25.00
Service system	2	4.17
Community focus	1	2.08
No response	6	12.5

Intergenerational/cultural Conflict

Relationships between elders and younger people was the most significant challenge experienced by African-Australian seniors. Unlike African-Australian seniors, their children (whether born in Australia or overseas) were able to adjust to Australian ways of life more

easily. However, African-Australian seniors desiring to hold on to their cultures and pass them on to their children insisted on socialising their children in similar ways as they were brought up. This may pose a problem if their children find it difficult to accept this socialisation, with conflicts emerging between children and their parents. For example, one area that African-Australian seniors highlighted as being a source of conflict between them and their children was parenting styles.

Participants preferred an authoritarian parenting style - a stricter parental rearing style which, in their view, ensures children are properly disciplined and respectful. However, such ways of rearing children conflict with the Australian style. Thus, as children become accustomed to their new environment, they can easily call the police or child protective services on their parents or threaten to do so. One African-Australian senior indicated the following, but the same sentiments were common among the rest of the participants: *it is difficult to discipline children, and [there are] Cultural differences between elders and children, I am a father of 6 children, struggled to discipline every single one of them, and it was also hard to manage their study situations.*

Fear of unmet expectations

African-Australian seniors noted that they have expectations for their children but fear these expectations might not be met due to these intergenerational and cultural conflicts. For example, African seniors expected that their children look after them in their old age, just as they had looked after their children until they became independent. However, with the intergenerational and cultural gap between them and their children, some African-Australian seniors were anxious about their children probably not having time to take care of them, as they have their own responsibilities, or even lacking the capacity to do so. This was echoed in FGDs among women participants in Melbourne. The example of participant Akush is illustrative of this unease.

I do not think my children can support me due to the environment that we live in, and they cannot manage to take care of me. They have their own work and lives to attend to. I have spoken to my children regarding my ageing and they will not be able to take care of me, although they would love to. I have experienced it because a few months

ago, I had a major surgery, and they could not assist me. Only my husband. All my children have their own families and are working. They could not assist me, only my husband helped me.

Similarly, participant Alia noted:

Although my kids would like to look after me, I would not like them to do this because I know they are busy, they have their own lives, work, and have their own children, and I would not like to burden them with looking after me.

In the above quotations, the African-Australian seniors fear that their children are unlikely to have the capacity to care for them. They point to the environment as one of the factors where their children are always busy with their lives and their own families and thus though they would have liked to support their parents, their jobs and family demands make them busy.

Cultural/ Language barrier

Amidst the many challenges African-Australian seniors reported, one common challenge was language barriers. Thus, people who cannot speak and write in English face several challenges when dealing with institutions and service providers. African-Australian seniors who could not speak and write in English reported that language barriers restricted their interaction with the broader Australian society and further affected their ability to access services. This was especially for the seniors who did not have educational training in English or did not have formal educational training at all. The experience of this category of African-Australian seniors was, however, different from seniors who were educated and chose to migrate to Australia due to their skills.

We highlight some vignettes from our participants to illustrate how low proficiency in the English language was a barrier to them. For example, key phrases such as *I cannot speak English well, English language difficulty at the beginning, Problems with language and Language and communication are a big issue* were some of the themes drawn from the data. The inability of people to speak and write fluently in English affects how they access services in Australia. In addition, it has been established that people revert to their first language when they grow older (Goth and Strøm, 2018). So even for African seniors who have a good command of the English language, the possibility of them reverting to their native languages is high, and thus also serve as a barrier when accessing services in Australia, be it health, social or economic.

In addition, since some of the seniors migrated to Australia as adults and had their set ways of life through socialisation, it becomes difficult to do away with such modes of life easily. Acknowledging that the seniors are unique in that way, which offers a different set of values for the sake of diversity, such ways also present certain challenges. Some of the values that African-Australian seniors were socialised with conflict with some Australian value systems, and thus, they find themselves in a situation where it is difficult to choose one over the other. For example, some seniors were brought up in collective societies with collective or communal values in mind and ways of life. Australia, to a large extent, is an individualised society. Though they both have their merits, they sometimes clash; when this happens, African-Australian seniors are the most affected.

Separation from community/family

Another challenge African-Australian seniors reported having faced is the breakdown of community/family connections. First, African-Australian seniors alluded to their families being easily broken due to high divorce rates. They attributed broken families to the system, making divorce easy in Australia. They compared this to their home countries and asserted that it was difficult to divorce, and couples found ways to work together to iron out their differences rather than quickly rushing to divorce. The issue of divorce or separation leading to broken homes among African seniors in Australia presented a double conundrum. This was especially so for male African Australian seniors who entertained the fears that their wives might divorce them, and their children would also move out and leave them alone. The cumulative effect of all of this is that the African male seniors feel they have lost their authority in the home. This is captured in the vignette of one participant who asserted that: “Before, the family used to listen to me on decisions. The African man must take authority in the house”. On the flip side, this may also mean that African Australian women who are in unhappy relationships feel more empowered and have the means to leave such marriages.

Second, for African Australian seniors who had come to Australia on a refugee program due to wars/conflicts in their home countries, they had lost several relatives to death. This is traumatic and continues haunting them even as they live in Australia. Again, some also noted that migrating away from their families creates a distance between them. For example, one of the participants asserted, *here, my family unit has only three members. Most of my close and extended family are in Ethiopia.* The consequence of this physical distance and being

disconnected from one's family is that *it can be lonely at times, miss being with extended family.*

Some seniors noted they were concerned because they need people around them to support them when they are old. This was captured in another vignette indicating that *as you get older you need people of your background to socialise with.* This is further complicated as it is difficult to make friends outside of one's community in Australia, as some of them suggested. The inability to make friends arises from many sources, but we infer that it could result from cultural differences and language barriers.

Economic Difficulties

Another major challenge African seniors noted in Australia is economic difficulties. Unlike in some places where people can still meet their needs without necessarily relying on money, African seniors highlighted that in Australia, money is everything. You need money to pay for bills, rent, and food, among many other things. Regardless of how old you are, if you do not have any savings, you are still required to work. To support this claim, one of our participants indicated, *I can't retire even though I'm of age.*

Although this contradicts some of the earlier findings about the good life in Australia, where some seniors indicated they were on Centrelink benefits, several factors may result in this situation for some African seniors. For example, some migrated to Australia when they were older. It takes a while to get a job, and since a pension is tied to what you contribute while you are actively working, their contributions might be relatively small to be able to give them a good superannuation that takes away their economic struggles. This implies that they will be financially insecure and cannot retire even if they wanted to. Another participant noted, *there's nothing good about 55 years of living in Australia due to work and living conditions. [I do not have]No financial freedom to live and enjoy life in Australia.*

Besides their inability to have saved up enough to meet their needs, some also alluded to the fact that they struggled to get work when they arrived. Their inability to get a job straight away when they arrived, among many factors, was also linked to a lack of local experience or

even if they found jobs, it paid them little. The following was the word that pointed to difficulty of getting employed, and some other factors: *Starting jobs was not easy; it was hard to look and find a new job; I'm unable to find good employment due to old age; finding a job was not easy due to lack of experience and ageing; and not able to get employment opportunities since my arrival.*

The above-discussed situation has implications for the quality of life that the seniors will live. For example, African seniors who have found themselves in this category will not have a reasonable amount of superannuation to be able to make choices for their care services. This situation makes some think of provisions to “transfer” their super overseas. We can also infer that seniors in this category will not have accumulated reasonable superannuation amounts; they may depend on benefits. This will make it hard to make choices of appropriate care services they can access. However, although Aged Care Residential Services allocate places for “financially disadvantaged residents”, the African Australian seniors and/or their carers may not be aware of this service.

Racism was one major challenge many African seniors reported facing in Australia. Racism, as highlighted, affected every aspect of their lives. Racism was apparent in their personal lives, public spaces, and workplaces. This challenge will be discussed in detail in the next section.

PERSONAL EXPERIENCES OF RACISM

Questions like “where did you come from?” – if you say, “I am Australian”, they ask, “where is your country of origin?” – these are the questions we often get (Loro, An African Australian senior)

If I change my name from Hussain to Will Smith, I am sure I will get a job, (Hussain, An African Australia senior).

In the previous section, among many challenges, African-Australian seniors faced in Australia, discrimination and racism were key as they navigated their daily lives, whether on

the streets, in public spaces, or at work. Because most seniors are in home care, the call for seniors to be interviewed yielded no participants. As a result, we decided to inquire from the seniors who either worked or had previously worked in the aged care services.

To draw from our FGD, Participant Amina who had previously worked in the aged care sector, noted that.

I have experienced racism as an aged care worker and obviously, as an African, I will continue to experience it when I go to an aged care home. I worked for this organisation.... I do not want to mention names Where there were African clients, one day I saw a young man who was suicidal, I took it upon myself to take him to an elder for counselling. However, I was advised not to bother because it was after hours. As an African, I drove him in my own car and took him to the elder for counselling. Because he has lost his mother and the father figure did not understand him very well, he was confused. Counselling saved him, but I was put under disciplinary action for 3 months without pay. I was interrogated and collapsed due to stress. Eventually, I resigned from there and started my own community service, which is thriving today. All I can say is if you face racism when you are not very old to go to the aged care home, how about when you become very old? In this situation, your looks change, and you face more racism. When I resigned from that facility, they lost funding.

Participants Fathia explained that:

They are given menial jobs like cleaning up if someone has soiled badly. They are called black monkeys, even the white residents ask them not to touch them because they are black. In response to this...it will not be different if we stay at aged care homes. The racism that we experience as workers, we will still experience in nursing homes.

With regards to the treatment being given to African seniors already in aged care homes, participant Fathia revealed that:

I cared for a Sudanese elderly man at an aged care home at Noble Park. The workers there did not care about feeding him. Because I am African, and he was African, I fed him. One Indian worker did not want to feed him, mainly because he was African. So, really, I do not want to go to any other aged care home and faced this kind of racism.

Despite the ongoing discussion about racism that African Australian seniors faced in their line of work, there are some who called it out and demanded justice. For example, one of them indicated that.

My bosses denied me the opportunity to progress. At one stage, I was told my African culture influences the way I communicate with my students as “I am autocratic”. My response was to take the matter to the Equal Opportunity Commission, and I was compensated.

The above African-Australian senior was well educated and knew their rights and hence could take their ‘boss’ to an entity that offered them justice. However, many African-Australian seniors who do not know that they can appeal for their mistreatment if it is well established that they were unfairly treated due to their race continue to suffer and endure these acts of discrimination.

FEAR OF AGEING IN AGED CARE FACILITY

Findings from the FGD suggest that: African Australians fear going to nursing homes. They entertained the anxiety of being mistreated because some seniors have previously worked there and witnessed daily how some African-Australian seniors are treated.

For example, Participant Amal noted that:

I have worked in a nursing home, and I do not want to stay there! Bad workers do not feed the aged properly, they do not bathe them, and people do the work only for money. They do not attend to the elderly at all. People are being discriminated against because they are old. If they are elderly Africans, it will even be worse!

Akifa said:

I am ageing and have started to worry about going to a nursing home. I know that going to a nursing home, especially when you do not have a family, will result in a quick death. I really want to die in a dignified manner, not because I am African living at a nursing home where I will face racism.

Fathia noted:

Being in an old age facility will not be appropriate for an African here. I would rather go back to my country, but will not go to aged care, because they don't look after the elderly very well here. They don't feed them, food will be very bland, I would prefer my own food, African food. At least Africans do care about each other.

Amina also asserted.

In August this year, I worked in one aged care home in Brunswick and more than 90% of the elderly there had dementia, they had forgotten English and resorted back to their native tongue French. So, communication with them was hard because of the language barrier. Imagine, if it is an African in the same situation, it will be worse and that is where we will experience racism. I have cared for a mother from Somalia, who speaks the Somali language and I do not understand what she says, and it is hard.

Mama opined:

As long as they treat us with dignity and feed us well, it is ok. I wish I could be fit throughout my ageing process ... I personally do not like the way the aged care centres are run; the service is not conducted well.... You can be neglected, and lonely as most of the time you can be by yourself... Who will cook Okra (African food) for you? I want to eat my African food!!! So, an African aged care centre is important for me”.

Further, Fatima noted that.

‘if it happens that I go to an aged care centre, it will have to be an African aged care centre, run by Africans who will understand my needs.

IMPACT OF COVID-19 PANDEMIC ON AGEING EXPERIENCE (BOTH IN COMMUNITY AND AGED CARE)

COVID-19 ravaged many people, especially the elderly, who already had conditions that predisposed them to COVID-19. Since this research project was happening around the time of the first and second waves of COVID-19 in Victoria, we wanted to explore how African-

Australian seniors coped during that period and the implications on the ageing process in Australia. This will assist policymakers in devising strategies that would mitigate the situation for the elderly in response to future similar epidemics (Aged Care Royal Commission Report: Summary, 2021).

Some of these statistics have been cited in *The Royal Commission into Aged Care and Safety Report (2020)*, which suggests that:

as of 19 September 2020, 844 people have died in Australia as a result of the virus. Of these, 629 were living in aged care homes at the time of their deaths, although many died in hospital” (p.2). To combat infections, the government imposed several restrictions. Many Australians who relied on informal carers, were left without care support and those seniors who lived in residential aged care facilities were affected due to the restricted visits from their families and friends.

African Australian seniors reported that it brought about loneliness, mental torture, stress, and loss of friends and family members and has left them with trauma, which they are still battling with. For example, Aja noted,

I was alone, alone at home, and the loneliness compounded my depression and distress. I was not able to access any support.

Tani acknowledged.

It was mental, fear, the uncertainty that before you get the Covid-19 you are more scared of it

while Jabon asserted.

I was not allowed to interact with my community due to lockdowns. I was not allowed to travel due to travel restrictions – I could not attend my 2 siblings’ funerals and my brother-in-law’s funeral as a result.

Even for those who lived together with their families, COVID-19 still impacted their living arrangements, especially if a member of the family was affected. Kiki was one of such people and noted.

I live with my wife and children. The pandemic affected me badly, especially dealing with children learning from home and getting infected and isolated from the entire family.

The aftermath of COVID-19 also had some lessons to learn from. Some of the African Australian seniors acknowledged that they were now more cautious than before. One such

example was Jojo who asserted “*I am more cautious and wary of large crowds. I am not comfortable with physical contact with those I do not know. People are hiding behind masks, so it is difficult to read their faces. I am more conscious of my personal space and hygiene.*”

GROUPS, SERVICE PROVIDERS AND RATING

This section of the project asked participants to rate their experience with various services in Australia. Regarding ageing in the community, 58.70% strongly agreed that they had a lot of benefits ageing in the community while 10.87% strongly disagreed. Regarding ageing within the family, 56.25% strongly agreed that there were benefits while 6.25 strongly disagreed. Furthermore, when it came to knowledge about cultural age care services, 29.17 % strongly agreed that they had limited knowledge while 25.00% were neutral and 14.58 % strongly disagreed with the statement (see Table 6).

Table 6: Rating of services in society

	Frequency	Percent
Ageing in community		
Strongly disagree	5	10.87
Neutral	2	4.35
Agree	12	26.09
Strongly agree	27	58.70
Ageing within family members		
Strongly disagree	3	6.25
Disagree	3	6.25
Neutral	1	2.08
Agree	9	18.69
Strongly agree	27	56.25
No response	5	10.42
Limited knowledge about services and the culture of service		
Strongly disagree	7	14.58
Disagree	2	4.17
Neutral	12	25.00
Agree	14	29.17
Strongly agree	10	20.83
No response	3	6.25
I confuse aged care services and palliative care		

Strongly disagree	8	16.67
Disagree	6	12.50
Neutral	9	18.75
Agree	13	27.08
Strongly agree	9	18.75
No response	3	6.25
My health and English literacy have generally required improvements		
Strongly disagree	5	10.42
Disagree	4	8.33
Neutral	6	12.50
Agree	15	31.25
Strongly agree	14	29.17
No response	4	8.33
I know my rights and entitlements		
Strongly disagree	4	8.33
Disagree	9	18.75
Neutral	10	20.83
Agree	8	16.67
Strongly agree	12	25.00
No response	5	10.42
Mixes from my background and Australian ways have impacted my ageing		
Strongly disagree	3	6.25
Disagree	2	4.17
Neutral	8	16.67
Agree	17	35.42
Strongly agree	13	27.08
No response	5	10.42
Aged care providers I access do understand my needs is		
Strongly disagree	12	25.00
Disagree	2	4.17
Neutral	14	29.17
Agree	10	20.83
Strongly agree	6	12.50
No response	4	8.33
A lot more needs to be done for cultural appropriateness		
Strongly disagree	2	4.17
Disagree	2	4.17
Neutral	3	6.25
Agree	11	22.92

Strongly agree	27	56.25
No response	3	6.25

As for knowledge about the difference between aged care and palliative care, the majority 27.08% agreed with the statement that they confuse aged care with palliative care, while 16.67% strongly disagreed. 18.75% of each of our participants strongly agreed with the statement, while another 18.75% remained neutral. About the statement, my health and English literacy have generally required improvements, 31.25% agreed, while 29.17% strongly agreed with the statement. When it comes to the statement “I know my rights and entitlements”, 25.00% strongly agreed with the statement, while 8.33% strongly disagreed with the statement. Regarding the statement, “ mixes between my background, and Australian ways have impacted my ageing”, 35.42 % agreed, while 27.08% strongly agreed with the statement. Very few African-Australian seniors strongly disagreed with the statement (4.17%).

Regarding the statement “aged care providers I access do understand my needs”, 29.17 % remained neutral, while 25.00% strongly disagreed. Finally, regarding the statement, “a lot more needs to be done for the cultural appropriateness’, 56.25% of the participants strongly agreed, while 4.17% strongly disagreed.

The implications of these findings suggest that African Australian seniors need support to better access quality services. This includes but is not limited to education and awareness on the types of services that are available and their functions, where they could access the services, and how they could access them. In addition, it is noted that family and community were a top support network for African Australian seniors. This suggests that there is need for more resources from the government, as well as from the community (cultural education), particularly in providing information in the language that the African Australians speak. Further, younger generations should be included in the provision of care needs for their ageing parents.

GROUPS AND THEIR FUNCTIONS

This section explores the types of groups that African-Australian seniors belong to and the role of such groups in their lives in Australia. For this study, we categorised the groups into

three-Spiritual/religious, community and research/Think tank. Table 4 provides a categorisation of groups and their functions as identified by African-Australian seniors.

Spiritual/Religious Groups

Some African seniors reported that they belonged to Spiritual/religious Groups. Regarding the purpose of their affiliation with these religious groups, they asserted that such groups enabled them to be able to meet their spiritual and social needs. There is a strong relationship between many Africans and spirituality in Africa. This is manifested in people either being affiliated with Christianity, Islam, and other forms of religious practices back in their home countries. African seniors who have therefore migrated to Australia found a community in similar groups.

Community/Country Groups or Associations

Many of our participants also belonged to either community-based or country-of-origin-based groups. These groups played key functions such as helping new arrivals to settle well in Australia, organising cultural events and activities together, solving community problems and bringing the communities together were some key functions. An example of an activity that these countries of origin-based groups do is celebrate the Independence Day of their various countries. During these events, there are cultural performances, dressing in their traditional clothes, food from their home countries as well as speeches that celebrate their cultures.

Research Group/Think Tanks

Finally, there were research/Think Tank based groups that some members of our research participants belonged to. For example, some members belong to African Think Tank and Nelson Mandela Day Australia Groups. They asserted that the purpose of these groups was to conduct research on African Australian issues that can therefore be used for advocacy and inform policies in Australia.

The Most Important Services Respondents Liked Best and Reason

This section presents information on the kind of services our participants preferred and why they preferred such services. The services were grouped into three main categories: Religious/church services, community services, and health/disability services.

Religious/Church services

Unsurprisingly, religious/church groups would be named one of the supports that African-Australian seniors liked best. As we saw in the previous section, religion plays an important role in the lives of Africans. African-Australian seniors noted that they like religious groups because such groups support them in building their spiritual lives. For example, one of the participants indicated that ‘Church prayers/services support with spiritual guidance’.

Community Services

African-Australian seniors indicated that they liked community-based support. This was also highlighted in the previous section as this support was seen as central to their well-being. We noted that groups could range from country-of-origin associations to ethnic groups. The main reason they liked community groups is because of the functions they play in their lives. For Africans, community means a lot; it is their source of socialisation, networking, and reconnecting with family and friends. In addition, participants indicated that the reasons they like community-based support include the following:

helping new arrivals find jobs (benefitting from exchange ideas and feedback from different experiences of the community); meeting friends, enjoying cultural food, cultural gatherings; and health promotion if any. Cultural gatherings are important because they help in stress management, cultural gatherings to teach the kids culture, and social support group gatherings are helpful to elders and retired.

Health/Disability service

Health or disability service was also another service that African Australian seniors liked. For example, one of our participants noted that *disability service is very important because our people feel left out and unable to access mainstream services* Another indicated that *disability services are important because people with disabilities need help, and this service supports them to get together*. Furthermore, others asserted that *health promotion - it is important as I have diabetes and it is important that I get medication and the correct diet, healthcare - Medicare makes it easier to access medical services; transport - trains/buses, ease of movement, Support, and counselling services are important for the community, especially for people experiencing mental illness problems.*

This section presents findings of the services that African-Australian seniors were unhappy with and why they were not satisfied with them.

Residential Aged Care

African Australian seniors indicated that they were unsatisfied the most with residential aged care services. One of the most significant findings of this study was African Australian seniors' fears of going to aged care facilities. It is unsurprising that aged care centres or homes have been mentioned as one of the services they were not happy with. As seen in other sections earlier, some people had previously worked in aged care facilities and have first-hand knowledge of what happens there. One of the things they have consistently highlighted is the issue of racism and how other Africans who are already in aged care are being treated by carers. Thus, many African Australian seniors have trepidation due to the racism/discrimination they have observed/experienced while working in those facilities.

Employment services

Participants noted that there are some employment agencies which do not deliver on their promise to find people employment. A common sentiment was that *employment agencies because don't really help in getting a job.*

Centrelink and other services

Furthermore, some of the participants also mentioned that they were not satisfied with Centrelink. They asserted that Centrelink has bad services. Others highlighted medical services such as delays in ambulances, and in responding to emergencies, and that it takes a long time while waiting for emergency hospital services. Some also noted that the public transport system could make better arrangements for the elderly. They expressed unhappiness that regardless of their age, they would receive a fine if they did not carry tickets [Myki] on them.

Finally, some of our participants were not satisfied with personal care. For illustration, we draw on Faelra's case.

He is an Australian of Burundian (Burundi) descent. Faelra was born on 1 January 1943. He has no formal education and can speak Kirundi, which is

his mother tongue and Kiswahili (also known as Swahili). Faelra lives with his son, daughter-in-law, and four grandchildren. The living arrangements are such that he has his own room, and the family prepares food, and does the laundry for him. He moves around either using a walker or a walking stick when he is in the house. He contributes to the utility bills and can manage his finances, autonomously and with confidence. He relies on personal care for showering, going out for complex activities such as shopping, or attending appointments.

In examining Faelra's case, there are a couple of things that need to be highlighted. He has very low vision, and confusion. Sometimes he gets lost because of taking the wrong bus, especially when going back home. He prefers to use his taxi card provided by one service provider when going home. Unfortunately, he lost the card, and it took a long time for his card to be replaced. Also, due to a lack of formal education training, he is unable to engage with other people outside of his family or of people of similar backgrounds. In addition, what complicates his case is that he does not trust his family members. He thinks that the rest of the family can make his phone not work, just when they are working on their computers/laptops. Since he has low vision, he sometimes touches where he should not have touched, and may disable the Wi-Fi, or reduce the phone volume, and then blame the family members and will never accept that he did it himself. Since Faelra does not trust the family, he sits in his bedroom all the time.

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

Several findings stand out and are worth discussing. Indeed, as ABS data show, the population of African Australians in general and seniors is increasing. On the one hand, unlike African Australian youth, children, or women who have received some form of attention due to their vulnerabilities, seniors on the other hand have for some time remained invisible with little scholarly or policy attention, despite being considered as vulnerable. This scholarly or policy blind spot obfuscates our understanding of their unique experiences in the context of Australia. This study was set to engage with the African Australian seniors to understand their experiences thereby contributing to filling a knowledge gap, making policy suggestions, and highlighting their experiences in their own voice. This was meant to help better the lives of African Australian seniors.

The findings show that even though African Australian seniors reported having positive experiences in some aspects of their lives, there were also other areas that they highlighted as challenging, especially accessibility to quality and equitable services. This was induced by racism/discrimination, language/cultural barriers, and intergenerational conflicts among others. These findings are in sync with past studies on culturally and linguistically diverse communities in Australia on a similar topic (FECCA, 2015; Ip et al., 2007; Teshuva & Wells, 2014), and some sections of African Australian seniors (Fernandez and Athukorala, 2022; Mungai, Guse, & Moi, 2016). However, as we have articulated in this report, there are variations in the experiences of CALD communities and thus we strongly believe that the

African Australian seniors, though like other CALD communities in some ways, also require further research and implementation of specific initiatives.

One of the striking findings for us was the fear of African Australian seniors even considering going to formal aged care facilities. It was reported from all our triangulated data that they were uncomfortable going to an aged care facility due to cultural reasons, racial discrimination, and structural barriers such as language. This poses a double conundrum as, on the one hand, they entertain such fears, and on the other hand, there is also the situation where the family/community is unable or in some cases unwilling to assist in caring for their ageing parents. This situation leaves African Australian seniors with what has been termed as ‘care poverty’ (Fernandez and Athukorala, 2022).

As global literature of care suggests, there is an orientation of some ethnicities to seek out family care as their prism of care when they are in need rather than to seek formal support. Such a family-based orientation has been theorised as ‘familism’ (Knight and Sayegh, 2010). However, the theory and practice of familism have come under serious attack from the African Australian seniors perspective who noted that due to the environment within which they were located (Australia), high cost of living, and other responsibilities, their family members are unable to provide them with the care they need. This leaves the African Australian senior in limbo and has further implications for the quality of ageing in Australia. This is an interesting finding in comparison to the findings by Fernandez and Athukorala (2022) when it comes to care provision. Though Fernandez and Athukorala (2022) noted that care poverty existed among Ethiopian Australian seniors, their families, especially older daughters, filled that gap. However, their main concern was the gendered nature of such a care arrangement and its sustainability. In addition to their concern, we also equally express concerns with the fast deterioration of familism as a care arrangement mechanism in Australia.

The fears of African Australian seniors were not only perceived but also based on the daily realities of those working in the aged care sector at present. The number of Africans working in aged care centres is rising. For example, Olasunkanmi-Alimi’s (2021) thesis examined the experiences of African women in the aged care sector and noted that the sector is *the go-to industry* for many regardless of their varied professional backgrounds. Earlier studies by Negin et al (2016), Willis et al (2018), and the Australian government data all point to the

fact that Africans in Australia are rising in this sector. For example, Negin et al (2016: E13) noted that ‘while the number of carers from all regions has grown, the increase from 2006 to 2011 has been highest for carers from South Asia (333% increase) and sub-Saharan Africa (145%)’.

Viewing these findings through our conceptual framework, Aged Care Diversity Framework which demonstrates the Commonwealth’s commitment to a culturally inclusive aged care system that is accessible and responsive to all senior Australians’ diverse needs and life experiences, we conclude that though the principles are welcome, the framework currently does not engender equitable access to quality aged care for all Australians. This is especially so, if we take into consideration African Australians seniors’ fear towards the thought of going to aged care facilities and yet are not also being taken care of by their families.

RECOMMENDATIONS

The following recommendations are made in line with the findings of this research.

Government and other stakeholders

1. The establishment of culturally appropriate residential aged care homes

Key stakeholders including State, Federal, and local government should support the establishment of culturally appropriate aged care homes for African Australian seniors in partnership with Victoria’s African community. The homes should be designed, and care services implemented should meet the unique needs of the elderly from African backgrounds.

The participants suggested that mainstream aged care homes were not conducive to their well-being. Therefore, there might be a need for stakeholders to support the establishment of culturally appropriate homes for African Australian seniors. They noted that some migrant groups who have been in Australia for a long time, such as Greeks, Italians, and Chinese communities, have community-based homes tailored to support them in a culturally sensitive and appropriate way. Such a model can be instituted for African Australian seniors as well.

2. Anti-racism policies

There is little policy framework to tailor to culturally appropriate responses that would address racism faced by senior African Australians. It is recommended that there is a need for a culturally sensitive aged care policy framework that requires that aged care providers provide simple, understandable information about policies and processes for reporting racism and discrimination. This will enable African Australians to report and ensure their experiences are documented as current policy documents we reviewed are silent on their experiences.

3. The effective implementation of anti-racism policies

Racism or discrimination was seen to be a major challenge. As a result, there is a need for the government to make anti-racism policies that must be implemented by different stakeholders to ensure everyone feels they belong in Australia. There is also the need for educational training to create an awareness of racism in different institutions and how to address such discriminatory behaviours to make African seniors feel belonging to Australia.

4. **Language support services for African Australian seniors** will enable them to be competent in expressing themselves in daily interactions with the wider Australian society. Where possible, there should be interpreters who are competent to assist African seniors when they are accessing services. The African Australian seniors believed that they missed out on the services because of language barriers. As such, it is suggested that there is a need to train young African Australians in aged care to service their elderly.

5. Social community club

African Australian seniors also noted the importance of establishing a social community hub where they can meet to socialise and connect with people with similar cultures. This will help overcome some disconnections from the family they expressed earlier in this report and resulting isolation.

6. Provision of accommodation/housing for elders

To overcome the inability of some African-Australian seniors to afford housing, it was recommended that the government social housing should assist those in need.

7. Pension age

There was a recommendation to consider flexibility with the pension age range between 60 years and 65 years, given many of the seniors have had a difficult life already before they ended up in Australia. This will enable African-Australian seniors to retire after the hard work of their lives.

Community/ family

8. Bridging cultural/generational divide

There is a need for a cultural program in place to repair the relationships between parents and their children. We recommend that to overcome breakdown in family and community support there is the need for cultural education that has the potential to instil the value of children caring for their parents earlier on. This could be complemented by raising awareness of seniors' rights by linking up with Seniors Rights Victoria to co-develop a culturally appropriate educational program, for example, for African Australian older people, in order to prevent elder / financial abuse.

9. Rising cost of living and implication on care

It is also noticeable that the current cost of living is on the rise and perhaps, it is not the case that adult children are unwilling to care for their parents but may not have the resources and/or capacity to do so. In such an instance, we recommend that there is a mechanism to cushion resource support for those who have the burden of taking care of their parents (seniors).

10. African community stakeholders voiced the importance of Africans to unite to tackle the issue of age care for African seniors.

LIMITATIONS

There are a couple of limitations to this study. First, although we intended to engage with a cross-section of African Australian seniors, we noticed that the majority of participants were of refugee backgrounds. This has a significant implication on the experiences of ageing in Australia especially when we take into consideration their socio-demographic characteristics and experiences before, during, and after resettlement in Australia.

Second, we also note that our participants were relatively younger than we anticipated and were probably thinking about their ageing and care rather than those who were already in care. This presents a different challenge in comparison to people who currently would have been in care support. Having said this, we note that they however met our age of inclusion criteria which was 55 years and above.

Third, we also note that most of our participants were from the Horn of Africa, and a few of Southern African backgrounds. This also is a limitation as it does not provide insights into the experiences of other African Australian seniors from either West, central, Northern, or elsewhere. Despite these limitations, our findings could have a broader implication to other African Australian seniors. And lastly, our sample size was small and thus, the results may not be generalisable.

Next steps

Furthermore, based on this research, it is hoped that the ATT, in consultation with other stakeholders, will in future, achieve the following outcomes.

- Based on the evidence and research, ATT will develop relevant care model(s), and community education resources to help educate mainstream organisations and other relevant stakeholders on what respectful treatment of African Australian seniors would look like, particularly in service delivery and care settings (a reference to cultural appropriateness).
- To deliver activities and initiatives that empower local communities to tackle racism and support social cohesion.
- Deliver community education and training sessions to the community and service sector (e.g. local government, service providers, aged care organisations, police) raising awareness and providing ways of reducing racism.

- Launch a social media campaign (Facebook, Instagram, Twitter) featuring African Australian Seniors who have been victims of racism.
- Improve community reporting of racist incidents and increase awareness and understanding of seniors' rights.
- Support local communities and community organisations to build their capacity to respond to racism and support affected individuals.
- Support the delivery of programs and initiatives involving the broader Victorian community to increase resilience and social cohesion.
- Increase availability of anti-racism materials, resources and support within local community infrastructure.
- Build the capacity of communities to engage in constructive intercultural and interfaith dialogue to address local challenges to social cohesion.
- Commend and celebrate dedication and efforts to build understanding and acceptance of Victoria's cultural and faith diversity, particularly for the African Australian seniors; as such, this will be a test case for other new and emerging communities.
- To deliver projects and activities that follow all current health directions and advice from the Department of Health (DH).

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