The role of social support networks in facilitating Vietnam-born migrant grandparents' social wellbeing in Australia

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Note: This presentation is based on the research findings of the Doctoral Project "Growing older overseas: How older Vietnam-born People are Experiencing Ageing and Aged Care in Australia", which is linked to Ageing and New Media ARC Project lead by Prof Loretta Baldassar (UWA) and Raelene Wilding (LTU) <u>https://www.uwa.edu.au/projects/ageing-and-new-media-a-new-analysis-of-olderaustralians-support-network</u>



Presentation outline



support networks

Solutions to improve migrant grandparents' access to social support networks for their social well-being

The role of social support networks

Social support networks:

- Made of family members, friends, peers and significant others (neighbours, pets, community ties, care workers, doctors, nurses, care coordinators) (Taylor, 2011, Hogan et al., 2002)
- Exist in different forms: emotional, instrumental, tangible, informational, companionship (Taylor, 2011)

The role:

- Assisting individuals to cope with stress, isolation, loneliness, etc.
- Bringing health benefits (healthy choices and behaviours)
- Enhancing individuals' self-esteem
- Encouraging adherence to a treatment plan

(e.g.,Cobb, 1976; Cutrona et al 1986; Forlkman & Lazarus 1991)

Case study 1: Do not want to seek helps

Dat (pseudonym) is a 69-year-old male grandparent who (together with his wife) decided to migrate and settle in Australia with their eldest son's family six years ago after a number of temporary visits in 5 years. Despite his rich overseas living and visiting experiences before migrating to Australia, Dat's English capacity is modest. He can use spoken English for simple conversations, meanwhile, his listening, writing and reading are poor. He often uses Google Translate tool to assist his communication in Australia. Currently, Dat is living with his wife in their own house. His elder son passed away two years ago in Australia because of cancer; meanwhile, his second son has migrated to the USA to work and lived there for nearly 8 years; his daughter in law and granddaughter went back to VN.

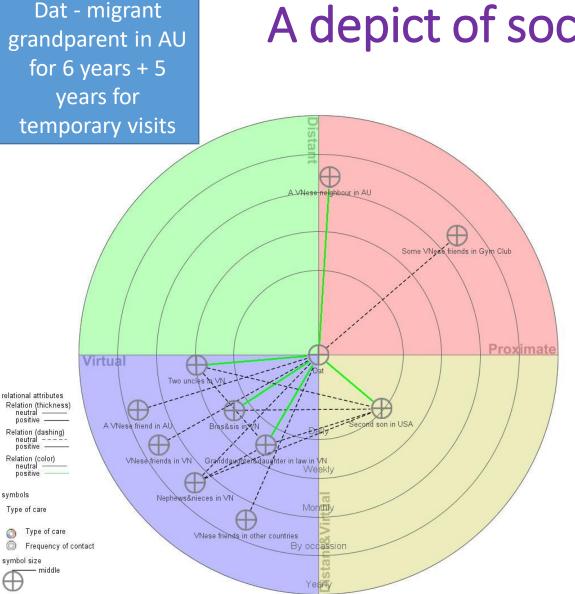
I came to know Dat through personal referral of a Vietnamese aged care staff whose father is Dat's friend. Because of COVID-19, face-to-face interviews were impractical. Alternatively, I chose to conduct interviews with him online. In the interviewing process, Dat confided that he had got a big problem – being cheated for his online trading and he lost a big amount of money in 24 hours. As Dat perceived the cheating as his big fault and he did not want to reveal it to anyone, even his wife and his son. He decided to work on his own to deal with his problem. He reported his case to the cyber security police and asked a Vietnamese neighbour to help him write a 200-word report to submit to the police. Then he reported his problem to the bank and the bank asked him to send them a detailed report on the process of online trading.

However, he got stuck in this stage as his English was not good enough to write the report. He spent around a week to write the report in Vietnamese and then he used Google tool to translate it into English, with which he did not totally satisfy. Then Dat got to know me and asked me for a help. I spent almost two days to help him edit and rearrange his ideas; however, he continued changing the contents of the report which made me aware that my helps were ineffective for him. I finally advised him to find free or low-cost translation services through seeking online helps on Vietnamese community fan pages but he immediately refused. He asked me to strictly keep his problem in secret and would not let anybody know. Then he tried to work further on the version I made for him and submitted to the bank.

On asking if he knew any cultural appropriate services (e.g., translation and interpretation) for migrants like him, he said that he did not know any. He might hear about them but he had never used them. He believed that he could solve his private matters on his own.

Case study 2: Try to self-manage everything

- Duong (pseudonym) is a 87-year-old male grandparent who migrated to Australia when he was nearly 60 years old. He has 10 adult children (5 in Viet Nam and 5 in Australia). His second older son migrated to Australia as a refugee. When he settled, he applied for permanent residence for Duong, his mother and four younger brothers and sisters to reunify with him in Australia. Current Duong and his wife (heavily affected by dementia) are living alone in their own house. Their five adult children are living 30-50 kilometers far from their home and make monthly visits and gatherings in Duong's house. Duong and his wife are using Home Care Packages. Every week, three support workers take turns to come and care for them. They are eligible for personal care (showering, dressing), home care (cleaning of essential areas, laundry, making beds), shopping assistance, transports to appointments, meal preparation, in-home respite care, social activities and programs.
- Duong revealed that he and his wife have been living independently for more than 20 years in Australia and they have tried to manage everything without asking many support from their adult children and/or social services. Because he does not know any English, Duong and his wife often use services provided by the Vietnamese community in his living areas (shopping in Vietnamese shops, visiting Vietnamese doctors). However, he sometimes visits English-speaking doctors with support of interpreters if needed.
- On asking if he knew any local social support networks in Australia, Duong revealed that he almost knew no networks, except for the aged care company he was using care services and an Association for Vietnamese Seniors that he has participated once or twice. Because his wife has been living with dementia for years, he becomes her primary carer with some subordinate care from support workers. Duong could not travel far from home for a long time because nobody could provide respite care for his wife. His adult children are so busy with their work and family life so he seldom seeks support from them; whereas, the support workers only work some hours per week and provide essential support for him and his wife only.

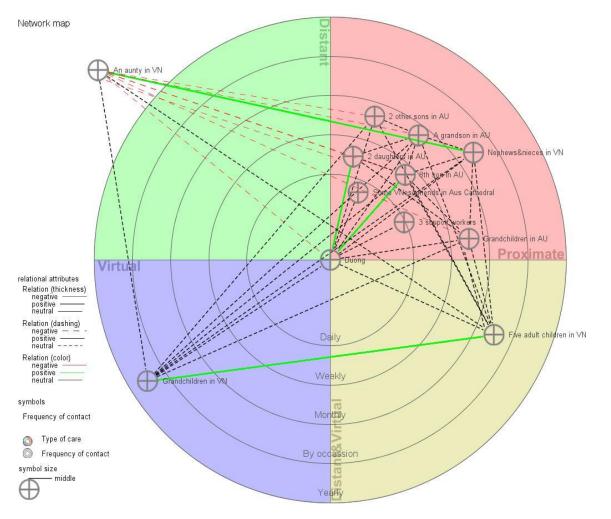


Recent migrant grandparents (<10 years)

Distant and virtual support networks (home country)

A depict of social support networks

Duong - migrant grandparent in AU for 27 years



Preceding migrant grandparents (>10 years)

- Local support network (host country)

→ Similarities: limited/no access to local social support networks; Vietnamese family members and friends are main sources of social support; only using interpreting services when visiting English-speaking doctors/hospitals;

Factors hindering Vietnamese migrant grandparents' access to local social support networks

- No/limited knowledge of available services (ineffective/inappropriate communication strategies)
- Cultural inappropriate services
- Time consuming (waiting regime)
- Language barriers (limited or no English)
- Lack of first-hand support (to connect with services/support networks)
- Limited digital literacy (very important as services and support networks are increasingly digital-based)
- Care burden (childcare, partner care, home care...)
- Different care values and beliefs (caring a private/family matter)

Solutions?

- Conducting need assessments before designing cultural appropriate services
- Effective communication about available cultural appropriate services
- Reducing waiting time for migrant grandparents in access to health and social support services, including interpreting services
- More solutions for assisting migrant grandparents' performance of respite care for grandchildren and partners
- Empowering migrant grandparents with digital literacy



THANK YOU FOR YOUR ATTENTION!

QUESTIONS PLEASE