Bridging Cultures

A Guide to the Diverse Cultures in Australia

FOR AGED CARE SERVICE PROVIDERS

Edited by Alexandra Bull
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The information in this directory about cultures and diverse attitudes to various issues is for general guidance only and does not encompass all views of the various languages, cultural and religious groups mentioned. It is also important to understand that the religion of the individual may impact greatly on their health behaviours and self-management.
FORWARD

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

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

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

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

On behalf of MCCI and PICAC NSW & ACT, we are pleased to be able to share with you Bridging Cultures, 2015 Ed., book.

Ken Habak OAM
Chairperson
Multicultural Communities Council of Illawarra
Partners in Culturally and Appropriate Care (PICAC) NSW & ACT team is pleased to provide you with our Bridging Cultures, 2015 Ed. which includes cultural information on over 40 communities.

This book is intended to enhance your understanding of the diversity of the people who form part of the Aged Care Services sector and assist in the provision of culturally appropriate care to those from culturally and linguistically diverse (CALD) backgrounds.

Our primary aim is to equip and support residential and community aged care service providers to deliver culturally appropriate care to older people, from culturally and linguistically diverse communities.

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

We work with you to develop and provide culturally specific:

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

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

Partners in Culturally & Appropriate Care is a national initiative funded by the Australian Government.
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Cultural Attitudes towards Continence

The information provided in this directory about the diverse attitudes to Continence related issues is for general guidance only and does not encompass all views of the various languages, cultural and religious groups mentioned. It is also important to understand that the religion of the individual may impact greatly on the health behaviours, self-management and health-seeking behaviour relevant to the prevention and management of incontinence.

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

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

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

Discussing such a sensitive issue is even more difficult if you don’t speak English. Not only is the language barrier a significant issue, but attitudes and social taboos common to many culturally and linguistically diverse groups make the topic a particularly difficult one
to broach. In fact in some languages there is no direct translation for the words, *continence* and *incontinence*.

The Victorian Continence Resource Centre (VCRC) undertook a project in 2011, titled ‘Awareness of Incontinence in Ethnic Communities’, working in collaboration with various organisations and ethnic communities. The report published the findings of literature reviews, from primarily overseas studies, which highlighted a lack of research in Australia. Twenty ethno-specific focus groups were also surveyed to explore general attitudes and awareness of people from various ethnicities to incontinence.

In Eastern European countries such as Hungary, Czech Republic, Poland, Ukraine, Estonia, Latvia, Lithuania, Slovakia, Slovenia, Croatia, Macedonia, Serbia and Western European countries such as Austria, Germany and the Netherlands, continence issues are not openly discussed as it is not regarded as an appropriate topic. There is no wide interest to improve understanding about its causative factors, treatment and management and consequently it is often ignored or minimised. Medical treatment is rarely sought, and the affected individuals use their own coping strategies to manage the problem, like herbal remedies, hot spas or avoiding active participation in a social life. Quite often, incontinence problems are hidden from the family and are considered a taboo. When it is unbearable, health professionals may then be involved in the treatment. Medical aids are not widely used, except once it has progressed so much that the individual affected can no longer cope.

The Maltese, Greek and Cypriot communities in Australia have minimal knowledge of incontinence treatments. There is a tendency to restrict fluids amongst older members of these communities to manage their problem, which of course can have its own negative health effects such as dehydration.
Individuals from countries such as Portugal, Spain, Uruguay and Chile, may lack understanding about incontinence as a health issue, therefore may not seek professional health care. It is perceived as an embarrassing and shameful matter, that is not openly discussed.

There is advancement in various Asian countries such as the Philippines, India, Sri Lanka, Indonesia, Malaysia, Cambodia, China, Vietnam and Korea, in continence awareness. The diversity in the socioeconomic, cultural and political backgrounds has generated diverse and unique problems for individuals with continence related issues. Low levels of knowledge and understanding of incontinence, and little awareness about the causes and treatments has led to a poor understanding of the illness and can result in a barrier to seeking help. In large or densely populated countries, particularly India and China, promoting continence awareness is difficult with limited resources. For the predominantly Islamic countries like Malaysia and Indonesia, where urinary incontinence is equated with uncleanliness, there is a huge barrier of denial and concealment.

In predominantly Islamic countries such as Turkey, Lebanon, Iraq and Egypt, urinary incontinence has a devastating effect on an individual’s quality of life. For Muslims, praying is seen as a relationship between the person and God, and leaking urine is a barrier. Ablution is a cleansing ritual carried out by every Muslim prior to prayers. The passing of stool, flatus or urine while abluting, necessitates carrying out the ritual again, as cleanliness during prayers is required. Prayers are performed five times a day at different intervals, and it requires a Muslim to stand, bend and sit while reciting the verses of the Quran. These actions can cause a leakage for a person who is incontinent. The general association of being unclean with incontinence leads to feeling sinful and increases a person’s fear about not being able to fulfil religious obligations. This can often escalate to serious mental stress and anxiety.
Italian-Australian attitudes to continence related issues are similar to those of other European ethnic groups. Generally there is a low understanding of health problems and treatments. Continence is often seen as part of the normal ageing process and not discussed to avoid embarrassment or shame. Women prefer to discuss the problem with a close female relative, and typically not outside family.

Many Pacific Islanders communities from countries which include Fiji, Tonga and Puka Puka are not aware of continence related services available to them. In general, Islanders are only aware of general practitioners and the hospital when they require medical assistance. Individuals from these communities do not access medical services, partly due to language barriers and limited knowledge of health related services and how to access them.

Finnish people are keen on healthy life-style options for improving their quality of life, but some medical problems such as incontinence are hidden due to its intimate nature. Even speaking with a doctor about health issues of this nature is difficult for many, but they prefer to visit a doctor as opposed to alternative medical treatments.

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

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

There are more than 100 different disorders which cause dementia. Dementia is a term which encompasses a variety of conditions including Alzheimer’s Disease, Vascular Dementia, Dementia with Lewy Bodies and Fronto-temporal lobe Dementia. Dementia is a leading cause of death and burden of disease in Australia for which there is no cure. For people aged over 65, dementia was the second leading burden of disease in 2011 and the leading cause of disability burden. For Culturally and Linguistically Diverse (CALD) populations living in Australia, the prevalence of dementia is projected to escalate to around 120,000 by 2050. This will inevitably place a great stress on the supply of CALD trained dementia care providers and on the demand for culturally appropriate care.

There are unique challenges regarding managing dementia within cultural contexts. These include identification of the disorder, treatment régimes, support mechanisms, including aged care service provision and CALD community acknowledgement.

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

There is not a lot of detailed information of cultural nuances in regards to dementia.

Many cultures understand dementia to be a normal part of ageing. Additionally, they comprehend that the suitable treatment is to be
conducted via medication. In some communities, dementia is hidden where the overwhelming attitude is considered to be one of ‘disgrace’.

Generalisations regarding perceptions and beliefs of dementia within diverse communities can assist care providers with an overview of the prevailing attitude towards dementia in CALD communities. However, every individual with dementia is unique and generalisations should merely serve as a technique to initially evaluate an individual. A person-centered care approach is preferred.

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

The Arabic-speaking community is diverse and includes communities from 22 countries. The most prevalent being the Lebanese community. Since 1960 other Arabic-speaking cultures from Egypt, Iraq, Jordan, Palestine and the Arab Peninsula have migrated to Australia. Large numbers of Arabic-speaking people practice Islam. It is generally accepted among those who practice this faith that dementia is God’s will which is to be accepted. However, treatment for dementia can still be sought by the community as this fits into the Islamic belief that God has enabled such approaches. It is common to find a stigma attached to dementia within this community, due in part to the terminology used to describe the condition. The interpretation of the dementia equivalent word in Arabic carries negative implications, along the lines of one not making sense and losing one’s mind. The causes of dementia are not well understood and therefore can be subject to personal interpretation which generally involves some event which is shameful or an incidence of misfortune.

Dementia knowledge and perceptions vary within the Chinese community. Some consider dementia to be associated with old age where even minimal instances of memory loss are associated with the condition. Other perceptions are broader where a wider range
of issues, such as wandering, language problems, confusion and incontinence are recognised as being signs of the condition.

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

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

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

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

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

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

There is little knowledge of dementia in this community. The terms *dementia* and *Alzheimer’s Disease* are recognised by younger community members, however a deeper understanding of the condition is not common. As is the case in other CALD communities the Vietnamese consider dementia to be a normal part of ageing. Additionally, they consider that it is caused by too much worry and stress. Commonly it is considered that someone with dementia has ‘lost their mind.’ These preconceptions lead to a diagnosis being made far too late which does not allow people to finalise their affairs in the manner that they would prefer. Vietnamese culture holds their elderly family and community members in high esteem. This can negatively impact on securing a timely diagnosis of dementia as it is perceived as being disrespectful to inform them of such a debilitating condition. As dementia is not considered an illness, it is difficult for this community to understand that the condition is terminal and there is no cure. Prayer, Chinese herbs and acupuncture are all accepted modes of treatment which are used alongside modern medicine.

The Greek community is a significantly large CALD group in this country. Literacy levels amongst elderly Greek people is quite low, however, they have good community support networks across the
country due to their organisations’ demonstrating commitment to preserving the Greek culture and heritage. Nevertheless, there is still a low level of understanding in this community regarding dementia. Most community members describe dementia in terms of its symptoms. The causes of dementia are associated with some sort of trauma, shock or constant worrying. Some believe that dementia is associated with stroke.

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

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

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

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

Russian community members prefer to seek treatment from their doctor and they have faith in modern medicine. They believe in preventive health measures. The perception of dementia in this community depends on which area of Russia they originated from, and when they came to Australia.

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

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

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

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

A palliative approach aims to improve the quality of life for individuals and their families, with a life-limiting illness or who are becoming progressively frailer because of advanced age, by identifying, assessing and addressing their holistic treatment of pain, physical, psychological, social, cultural, and spiritual needs. The underlying philosophy of a palliative approach is a positive and open attitude towards death and dying with an emphasis on improving living.

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

It is important to understand there are a number of religions which cross language and cultural boundaries. When working with a person facing a life-limiting illness and their family, a carer will need to understand what role religion plays in their end of life choices.

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

There is a general acceptance of western medicine practices, home hospice and hospital care by the Indian community. Health professionals are seen to minimise discomfort and are therefore welcomed in the family home by the Indian-born population. Culture demands that there is close family involvement in the care of the aged.
In the Cambodian community in Australia there is a lack of understanding of palliative care and many people will feel more comfortable to be treated in their home as aged care facilities do not exist in Cambodia. Health professionals are expected to clarify with the family the diagnosis and prognosis of an illness. Giving news to the family first or telling both the patient and family are acceptable. The guarantee of confidentiality is important within the Cambodian community. Decision-making about illness is likely to involve the client and the family.

Not every Chinese person wants to die at home as they believe death can bring negative energy to the house. Chinese values draw upon many influences such as Confucianism, Taoism and Buddhism. Values such as loyalty, filial piety, the maintenance of social order, the superiority of men over women, self-restraint, self-respect, and self-blame are embedded in Chinese culture and have a lot of implications for health choices during end-of-life care. The open discussion of terminal illness and end-of-life issues are not considered appropriate in Chinese culture.

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

As to who informs a Fiji-born resident of a diagnosis, depends on the individual. Generally for an aged Fiji-born person who has not fully adopted Western culture, it would be appropriate for their son or daughter, or other older close relative to tell them. This ‘buffering’ of the impact of the news is very important, both to the person, and to his/her family.

In Indonesian culture, family and spiritual leaders are involved in caring for the dying person. The concept of palliation is not known. Options in palliative care are not yet well known among Finnish people. However, when this stage of life is reached, they are then keen to know more about alternative medicines even though they
may initially show resistance. Information on pain management is especially valued.

Many Greek-born people are very sensitive on death and dying issues so it is very common that Greek families do not want the dying person to be told of their diagnosis and prognosis, believing it will only burden the dying person further. Greek families prefer to be informed first of the diagnosis and then decide if the ill person should be told. Sometimes it may be the eldest son that would tell his parent of the diagnosis. There is fear of cancer and often the word ‘cancer’ is not used, instead many use an alternative word, such as ‘the terrible illness’.

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

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

Attitudes towards death and dying in elderly Korean born people vary, depending on the religion of the individual.

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

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

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

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

Traditionally, Spanish speaking people, from countries such as Spain, Uruguay and Chile, prefer to die at home. It is important for family members and close friends to see their loved ones during their final hour. Family needs to be involved at all stages of the decision-making process. The role of the family has a strong influence on anything relating to their loved one’s health care and they prefer to be given the diagnosis/prognosis before their patient.
Sri Lankan born people are usually familiar with government provided services and resources for the elderly. General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally higher than in other groups. This is also because similar services are provided by the government in Sri Lanka.

Palliative care is a relatively new discipline in South Africa, but it is one of the four countries on the African continent, that have palliative care integrated into either their health or their cancer strategic plans. Palliative care is often perceived to be synonymous with end-of-life care, death and hospice, or as a means of relief for physical pain exclusively.

Tongan and Puka Puka communities currently have no palliative care system in place in their countries of origin, hence palliative care is an unfamiliar concept.

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

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

Where possible, provide information about a palliative approach to individuals from culturally and linguistically diverse backgrounds in their own language because this enhances cultural sensitivity for individuals and their families and ensures adequate and appropriate care.
Australia is one of the most ethnically diverse societies in the world.

Almost one in four Australian residents were born outside of Australia and many more are first or second generation Australians, the children and grandchildren of recently arrived migrants and refugees. This wide variety of backgrounds, together with the culture of Indigenous Australians who have lived on the Australian continent for more than 50,000 years, have helped create a uniquely Australian identity and spirit.

Australia’s Aboriginal people were thought to have arrived here by boat from South East Asia during the last Ice Age, at least 50,000 years ago. At the time of European discovery and settlement, up to one million Aboriginal people lived across the continent as hunters and gatherers. They were scattered in over 300 clans and spoke at least 250 languages with 700 plus dialects. Each clan had a spiritual connection with a specific piece of land. However, they also travelled widely to trade, find water and seasonal produce, and for ritual and totemic gatherings.

Despite the diversity of their homelands - from outback deserts and tropical rainforests to snow-capped mountains – all Aboriginal people share a belief in the timeless, magical realm of the Dreamtime. According to Aboriginal myth, totemic spirit ancestors forged all aspects of life during the Dreamtime of the world’s creation. These spirit ancestors continue to connect natural phenomena, as well as past, present and future, through every aspect of Aboriginal culture.

A number of European explorers sailed the coast of Australia, then known as New Holland, in the 17th century. However it wasn’t until 1770 that Captain James Cook chartered the east coast and claimed it for Britain. The new outpost was put to use as a penal colony and on
26 January 1788, the First Fleet of 11 ships carrying 1,500 people – half of them convicts – arrived in Sydney Harbour.

In 1788, when European settlement began, Australia’s Aboriginal population was about 400,000.

Today, over 22 million people live here. In New South Wales, four out of every ten people are either migrants or the children of migrants.

The first migrants ie primarily convicts, were transported from Britain, Ireland and, to a lesser degree, other British colonies. Altogether 80,000 arrived in New South Wales between 1788 and 1840. When penal transportation ended in 1868, 160,000 men and women had came to Australia as convicts.

While free settlers began to flow in from the early 1790s, life for prisoners was harsh.

Aboriginal people displaced by the new settlement suffered even more. The dispossession of land and illness and death from introduced diseases, destroyed traditional lifestyles and practices.

By the 1820s, many soldiers, officers and emancipated convicts had turned land they received from the government into flourishing farms. News of Australia’s cheap land and bountiful work was bringing more and more boatloads of adventurous migrants from Britain. Settlers or ‘squatters’ began to move deeper into Aboriginal territories – often with a gun - in search of pasture and water for their stock.

In 1825, a party of soldiers and convicts settled in the territory of the Yuggera people, close to modern-day Brisbane. Perth was settled by English gentlemen in 1829, and 1835 a squatter sailed to Port Phillip Bay and chose the location for Melbourne. At the same time a private British company, proud to have no convict links, settled Adelaide in South Australia.

Clearly Australia has a rich migration history. However attitudes to migration and particularly to the ideal source of migrants, have changed considerably.

From the 1830s small numbers of voluntary migrants, again principally from Britain and
Ireland, settled in Australia. Some came under their own resources, others with assistance from one of the public or private schemes then available.

With the discovery of gold just outside Bathurst in 1851, the nature of Australian migration changed completely. People arrived in far greater numbers and from more varied backgrounds than ever before. Between 1851 and 1861 over 600,000 came to Australia and while the majority were from Britain and Ireland, 60,000 came to Australia from Continental Europe, 42,000 from China, 10,000 from the United States and just over 5,000 from New Zealand and the South Pacific. Although Australia never again saw such a rush of new immigrants, the heightened interest in settling here remained. By the time of Federation the total population was close to 4 million, of whom one in four was born overseas.

Despite the violence on the goldfields, the wealth from gold and wool brought immense investment to Melbourne and Sydney and by the 1880s they were stylish modern cities.

Australia’s six states became a nation under a single constitution on 1 January 1901 (Federation). Today Australia is home to people from more than 200 countries. After Federation, control of immigration changed. Instead of each colony managing its own system, the Commonwealth now oversaw the recruiting and selection of immigrants. Assisted passages were offered to encourage migration with priority still being given to the British and Irish. Despite comparatively large numbers of Chinese residents in Australia, the first legislation passed by the new parliament was the Immigration Restriction Act.

Often referred to as the ‘White Australia Policy’ this effectively banned Asian migration for the next 50 years. That same year the Federal Parliament passed the ‘Pacific Islands Labourers Act’ to prohibit their employment as contract labourers and to deport those already here.
The First World War had a devastating effect on Australia. There were less than 3 million men in 1914, yet almost 400,000 of them volunteered to fight in the war. An estimated 60,000 died and tens of thousands were wounded. In reaction to the grief, the 1920s was a whirlwind of new cars and cinemas, American jazz and movies and fervour for the British Empire. When the Great Depression hit in 1929, social and economic divisions widened and many Australian financial institutions failed. Sport was the national distraction and sporting heroes such as the racehorse Phar Lap and cricketer Donald Bradman gained near-mythical status.

In 1914, with the outbreak of the First World War, migration almost ceased. Furthermore, some migrants from countries previously thought acceptable were now reclassified as ‘enemy aliens’. Those born in Germany, the Austro-Hungarian Empire, Bulgaria and Turkey faced internment or general restrictions on their daily lives. Altogether about 7,000 people were interned, with camps in New South Wales at Berrima, Trial Bay and Liverpool. After the war, the 1901 Immigration Act was extended to ban people from these countries for five years. The ban on Turkish people was not lifted until 1930.

With the 1918 peace came a revival of assisted migration schemes. The British Government offered ex-servicemen free passage to one of the dominions or colonies and 17,000 arrived in Australia between 1919 and 1922. Church and community organisations such as the YMCA (Young Men’s Christian Association) and the Salvation Army sponsored migrants. Small numbers also arrived independently.

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

The 1929 stockmarket crash and the Great Depression put an end to sponsored migration and it was not until Australia had again fought a war, that it was resumed.
Just as in the First World War, with the outbreak of the Second World War previously acceptable migrants — Germans, Italians, Japanese and Hungarians — were reclassified ‘enemy aliens’ and interned or kept under close police surveillance. No distinction was made on the basis of political sympathies. Thus, a large group of Jewish refugees that arrived on the *Dunera* in September 1940, were interned first at Hay in New South Wales, and later at Tatura in Victoria.

After the war ended in 1945, hundreds of thousands of migrants from across Europe and the Middle East arrived in Australia, many finding jobs in the booming manufacturing sector. Many of the women who took factory jobs while the men were at war continued to work during peacetime.

When the war ended, the government took an entirely new approach to migration. The near invasion of Australia by the Japanese caused a complete rethink of ideal population numbers. As Prime Minister Ben Chifley would later declare, ‘a powerful enemy looked hungrily toward Australia. In tomorrow’s gun flash that threat could come again. We must populate Australia as rapidly as we can before someone else decides to populate it for us.’ In 1945, the Department of Immigration was established, headed up by Arthur Calwell. It resolved that Australia should have annual population growth of 2%, of which only half could come from natural increase. 70,000 immigrants a year were needed to make up the difference.

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

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

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

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

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

By the 1960s mixed race migration was becoming easier and in 1967 Australia entered into its first migration agreement with a non-European country, ie Turkey.

The rate of home ownership rose dramatically from barely 40% in 1947 to more than 70% by the 1960s.

At the 1961 census, 8% of the population was non-British in origin with the largest group being Italians followed by Germans, Greeks and Poles.

Like many other countries, Australia was swept up in the revolutionary atmosphere of the 1960s. Australia’s new ethnic diversity, increasing independence from Britain and popular resistance to the Vietnam War, all contributed to an atmosphere of political, economic and social change.

In 1967, Australians voted overwhelmingly ‘yes’ in a national
referendum to let The Federal Government make laws inclusive of Aboriginal Australians and include them in future census. The result was the culmination of a strong reform campaign by both Aboriginal and white Australians.

In 1972, the Australian Labor Party under the leadership of Gough Whitlam was elected to power, ending the post-war domination of the Liberal and Country Party coalition.

As Minister for Immigration, Al Grassby radically changed official policy. The quota system, based on country of origin and preservation of racial ‘homogeneity’, was replaced by ‘structured selection’. Migrants were to be chosen according to personal and social attributes and occupational group rather than country of origin. In 1973, declaring Australia a ‘multicultural society’, Al Grassby announced that every relic of past ethnic or racial discrimination had been abolished. ‘The Australian Citizenship Act’ of 1973 declared that all migrants were to be accorded equal treatment.

Over the next 3 years, the government ended conscription, abolished university fees and introduced free universal health care. It abandoned the ‘White Australia Policy’, embraced multiculturalism and introduced no-fault divorce and equal pay for women.

In 1975, the first of what would become known as ‘boat people’ arrived in Darwin. More than 25,000 arrived over the next 30 years, initially from East Timor and then from Vietnam, China and most recently, the Middle East. All are subject to compulsory internment while their claims of refugee status are assessed. Although Australia has been criticised by the United Nations and Amnesty International for the injustice of internment all illegal migrants, particularly children, this process continues.

The assisted passage scheme ended in 1981. In 1988, the Fitzgerald Inquiry led to further changes in migration with a move away from ‘family reunion’ and towards an emphasis on skilled and business categories.
In 1996, for the first time in Australia’s migration history, the number of British migrants arriving fell to second place behind New Zealand. Renewed prosperity in Europe has also meant that, where once Italians and Greeks made up the majority of non-British new arrivals, today, after New Zealand, it is people from China, South Africa and India. Conflicts overseas have also meant that Australia is now taking refugees from countries previously unrepresented. In 2006, the fastest growing refugee group is from Sudan, followed by Afghanistan and Iraq.

SNAPSHOT OF AUSTRALIA

- Australia is home to one of the world’s oldest living cultures, with Aboriginal communities established nearly 50,000 years before European settlement.
- Australia is the 4th largest economy in the Asian region and is the 12th largest economy in the world and a top performing nation on almost every measure of excellence, from health to wealth, from ease of doing business to education.
- With low unemployment, low inflation and a highly skilled workforce, and with strong links with the fastest-growing region in the world, the Indo-Pacific, Australia’s economy is set to prosper well into the future.
- Australia is one of the most ethnically diverse societies in the world, rich in Indigenous and immigrant cultures. Australia is a successful and prosperous nation, ranked 2nd in the United Nations Development Programme’s Human Development Report 2014.
- Australians are generally laid-back, open and direct. They say what they mean and are generally more individual and outgoing than many other cultures.
- Australia is essentially a Western culture with a democratic system of government mainly based on the British Westminster System.
- English is the main language, there is no state religion in Australia but the majority of its people identify as Christian (approximately 13 million). There are approximately 400,000 Buddhists, 340,000 Muslims, 148,000 Hindus and approximately 88,000 Jews.
- The Australian climate makes BBQ’s commonplace.
- One of the best known ‘unique’ foods we love in Australia
is Vegemite (now owned by the American company, Kraft Foods). It’s a black coloured spread, very salty in taste, made from brewer’s yeast.

- At the ‘footy’ we’ll eat a meat pie with tomato sauce, a sausage roll or maybe even a chicko roll. Other popular takeaway foods include fish and chips.
- Despite its wide spaces, Australians are mostly urban dwellers with more than 80% living in big coastal cities, particularly along the eastern and southern areas of the continent.
- There is no class system in Australia.
- Australia is demonstrably egalitarian and inclusive, with immigrants and refugees from more than 200 countries.
- Education is important to Australians and is compulsory until 15 or 16 years of age.
- In common with many other developed countries, Australia is experiencing a demographic shift towards an older population with more retirees and fewer people of working age as a result of aging “baby boomers”, low fertility and increased life expectancy.

Some key values that reflect the Australian way of life include:
- Freedom of speech
- Freedom of religion
- Democracy
- Equality regardless of sex, marital status, religion, nationality, disability or sexual preference
- Peacefulness
- A ‘fair go’ (equal opportunity) for all and support for the underdog.

WHAT ARE AUSTRALIANS LIKE?
In the workplace and among friends, Australians generally call each other by their first names. When meeting someone for the first time, it is usual to shake the person’s right hand with your right hand. People who do not know each other generally do not kiss or hug when meeting. Australians show respect by looking people in the eye, however they don’t stand as close or have as much physical contact (such as hugs and kisses) as other cultures.

As friendships develop, you may find that your friends give you a nickname, which is very common in Australia and is a form of endearment.
Australians love their sport and it forms a major part of Australian culture, both in spectating and in participation. Cricket is the major sport in summer and Australian (Aussie) Rules Football in winter. In some states (New South Wales and Queensland), Rugby League is the predominant football (footy) code and soccer is gaining popularity all the time. Most people watch the finals of major sporting events, even if they don’t normally have an interest in the sport.

Mateship is a central part of the Australian culture and it refers to an unspoken understanding that people will look after each other in difficult times. This concept emerged as a national characteristic in the 1800s and features in popular stories of resilience against hardship shown by pioneering Europeans.

MEN AND WOMEN
Men and women are treated generally equally in Australia. Women make up nearly 50% of the workforce and most women remain in the workplace after they marry, and many after they’ve had children. Women are also free to breastfeed in public.

There are no social rules regarding friendships or dating in Australia. Friendships with members of the opposite sex, and social events with both sexes are common. It is also common for couples to live together before they are married, or for men and women to live in a share-house together.

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

LANGUAGE
Australians often use humour and are considered to be quite sarcastic. The Australian sense of irony may be difficult for you to grasp at first but you’ll get used to it. The Australian accent and use of ‘slang’ may also be confusing, but if there is ever anything you don’t understand, just ask.

Some slang examples include:-
Arvo – afternoon
Aussie - Australian
Barbie - BBQ/barbeque
Bloke - man/guy
Boardies - board shorts
Brekkie - breakfast
G’day - good day/hello
No worries - no problem/that’s OK
Snags - sausages
Sunnies - sunglasses
Telly - TV
Cosies/togs/bathers/swimmers - swimsuit/bikini
Prior to 1938, and the annexation of Austria by Germany, only a small number of Austrians immigrated to Australia. After this, emigration greatly increased, with initially Jewish Austrians moving to Australia. Between 1947 – 1961, many others followed under the ‘Assisted Passage Scheme’.

The Austria-born population peaked in 1971 at 23,940 and has recorded a drop in population at each census since. Most of these immigrants were skilled tradespersons.

As at the 2011 census, there were 17,010 Austria-born persons in Australia with most persons living in New South Wales, followed by Victoria then Queensland.

Due to the length of time in Australia, Austria-born persons tend to have a well established network of services and activities usually by linking into the German community’s network (eg German Club) which exist in most States of Australia and key regional centres in each State.
Traditions and Religion

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

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

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

Most Austrians belong to a church, even if they may not be regular attendees.

At the 2001 census the major religions amongst Austria-born residents in Australia were Catholic, Lutheran and Judaism.

Cultural arts are important to Austrians and they are extremely proud of their culture’s contributions to Western civilisation. Austrians are not Germans and should not be referred to as such; it can be considered an insult.

Whilst Austria-born persons enjoy entertaining in their home and having guests, it is impolite to drop by unannounced. Invited guests should arrive on time and it is common for the guests to remove their shoes when entering a home.
Austrians love good food and have a rich and varied cuisine drawn from the various cultures that once comprised the Austro-Hungarian Empire, including influences from Hungarian, Bohemia Czech, Jewish, Italian, Balkan and French cuisines.

Specialties vary by region but include *Wienerschnitzel* (breaded veal cutlet), *Sachertorte* (a rich chocolate cake with apricot jam and chocolate icing), knodel (moist potato dumplings), and goulash. A typical day begins early with a light breakfast of coffee or hot chocolate, rolls, bread, and jam or marmalade. Later in the morning, some eat a second, heartier breakfast, including goulash or hot sausages. The main meal can be at midday or in the evening. It usually includes soup, meat (often pork) with potatoes or pasta. Afternoon tea may include sandwiches, pastries, and coffee. Austrians enjoy beer, wine, herbal teas, apple juice with sparkling mineral water, fruit juices, and soft drinks.

Certain traditions remain strong, such as keeping hands above the table during the meal, not gesturing with utensils, and not placing elbows on the table while eating. It is impolite to begin eating until all persons at the table are served.
Austrians are often stoic about pain and may loathe seeing a doctor too quickly. He/she will try to cope with pain for as long as possible mostly by trying to ignore it. The person generally won’t talk about it unless a close friend or family member mentions any changes they have noticed.

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

Austria is mainly a Catholic country, and thus many of their funeral rites and traditions are based on Catholic traditions. Austrian funerals are often grand affairs, with lots of high fashion and live music.

The Austrians have been known to have quite the preoccupation with death, which they have inherited as part of their Germanic history. Back when the country was part of the Austro-Hungarian Empire, people used to pay heavily to be remembered, spending everything to ensure they would have a schöne leiche, or beautiful corpse.

Austrians have always been scared of being buried alive, thus a device with a cord attached to the hand of the deceased that would ring a bell above ground if they came back to life was common in the country. The family is expected to stay with the dying person until the final hours of his/her life. The deceased is bathed and dressed in formal wear. Prior to the burial (most often), relatives and friends gather to pray, view the body and say their final farewells. A requiem mass is generally celebrated prior to proceeding to the cemetery for the burial.

Afterwards family and friends gather for drinks and refreshments. It is important to establish each person’s wishes in the event of palliative care or death and recorded as part of their care plan.
The Baltic States, also known as the Baltics, Baltic Nations or Baltic Countries are three northern European countries east of the Baltic Sea, ie Estonia, Latvia and Lithuania. They gained independence from the Russian Empire in the wake of World War I.

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

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

After the revolution of 1905, some Estonian and Latvian men sought refuge in Australia. Also as a result of the Nazi and Soviet occupations and military campaigns during 1940-1950, Estonians, Latvians and Lithuanians sought refuge in Australia.

One in five Estonians were deported from their homeland during this period or forced to flee. In 1944, 60,000 Lithuanians left their homeland to escape. Many came to Australia as displaced persons from camps in Germany. Arthur Calwell, the first Australian Minister for Immigration, went to camps for displaced people around Europe to look for suitable immigrants. A boatload of Estonians, Lithuanians and Latvians arrived in November 1947.

Many Estonian immigrants settled in Thirlmere, NSW from 1924 through to post WWII, when tens of thousands fled to avoid being sent to Siberia for alleged political and economic crimes. Estonians are largely responsible for the development of the successful poultry industry in NSW, which at one stage was the largest egg producer in the state and still provides the majority of NSW’s poultry produce. Many of the younger generations of Estonians have left
the area and moved closer to the city but other original immigrants and newcomers live in Australia’s only Estonian Retirement Village in Thirlmere.

Traditions and Religion

The religion of these people is primarily Christian, such as Lutheranism, Catholicism and some other minor denominations. Lutheranism is the main religion in Estonia and Latvia; Catholicism is dominant in Lithuania.

People from the Baltic countries are very proud of their heritage, especially in light of their recent independence. It is condescending to call Estonian, Latvian and Lithuanian, “Russians”. These countries were part of the Soviet Union, but Estonians, Latvians and Lithuanians are distinct ethnic groups from Russia and from each other, with languages that belong to separate families of languages and different religious backgrounds with their own set of traditions and distinct cultural identities.

Estonians, Latvians and Lithuanians are often called “singing nations”. Folk festivals and church choirs are popular in each community.

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

Lutheranism is the oldest form of Protestantism and dates back to the Reformation and Martin Luther. They share this heritage of worship with other Christians as a symbol of unity with them through baptism. This form of worship (liturgy) is mostly spoken or sung parts of the Bible. Lutherans have a rich heritage of singing together and the décor of their churches is kept to a minimum.
Cold climates and a relatively small land area limited the food options of the people who live in the countries of Estonia, Latvia, and Lithuania. These three countries tend to share the same basic available produce, for example potatoes, mushrooms, dill, beetroot, cabbages, cucumbers, barley, rye, rhubarb, apples, and berries. People from Baltic countries also eat fish, pork, and dairy products such as milk, yogurt, sour cream, and cottage cheese.

Pickled vegetables and jellied fruits and meats are common. Estonians love black bread, and dumplings. Pancakes are enjoyed in Latvia and Lithuania. Soups, stews, and roasts are enjoyed across all three countries as well as pies made with seasonal fruits, berries and rhubarb. Food is usually flavoured with salt, caraway seeds, marjoram, onions and garlic.

One of Estonia’s national dishes is räim (Baltic dwarf herring). Famous Riga Sprats are imported to Australia from Lithuania. A cold fish sandwich with Riga Style Rye bread is a breakfast/lunch staple in many households.
In Estonian, Latvian and Lithuanian cultures, family is still the centre of the social structure. Some families may have members of extended family living with them. The family provides both emotional and financial support to each other. It is common for parents to provide financial assistance to adult children. In return, children are expected to take care of their elderly parents, rather than place them in care homes. People from Baltic countries have a strong sense of respect for age, experience and position or professional occupation. Older people are generally viewed as wiser and as a result revered and honoured.

Many people from these cultures still use traditional home remedies that have been passed down for generations such as hot tea with honey or lemon, vodka, chamomile, and mustard plasters on the back are considered a sure cure for the common cold or the flu.

One example of the funeral practices in these countries is the following:- First, the deceased is formally dressed and laid out for a three-day, three-night viewing either at home or in a public venue. Family and friends keep watch and ensure that candles stay lit as people come to bring flowers—always in even numbers—and pay their respects. This is followed by a burial ceremony at a cemetery (cremation is not common), and a sitdown luncheon for all funeral attendants.

This luncheon is a time for friends and family to share their memories of the deceased.

It is common to visit the graves of loved ones at birthdays and on 1 November (All Souls’ Day), when most cemeteries overflow with flowers and burning candles.
Cambodia-born migrants first arrived in Australia during the late 1940s.

In 1953, Cambodia gained independence from French rule and Cambodian students began coming to Australia in small numbers. During the 1960s and 1970s, larger groups of students came to Australia under the Colombo Plan but they were only offered temporary residency. From 1975 to 1978, an estimated one million Cambodians died of starvation or execution under the Khmer Rouge regime in Cambodia (then Kampuchea). Large numbers fled their homeland and many spent years in refugee camps in South-East Asia, waiting for decisions about their future. The Australian Government responded by increasing the quota of Cambodian refugees. After 1978, the guerrilla war conducted by the ousted Khmer Rouge resulted in increasing Cambodian emigration.

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

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

The national language of Cambodia is Khmer. About 75% of Cambodia-born people in Australia speak Khmer, about 10% speak Cantonese and 7% speak Min Nan. Less than 55% of Cambodia-born Australians speak English very well or well, and around 45% speak English not well or not at all. English proficiency in the Cambodian community, particularly among the older generation, is very low. Many older Cambodians have had no formal education in Cambodia and as a result many are not literate in their own language.
In Australia, about 79% of those born in Cambodia are Buddhist, 2.5% are Catholics. Khmer Cambodians follow Theravada Buddhism. Theravada Buddhism originated from North India and Nepal in the 6th century.

The principles and philosophy behind Theravada Buddhism are tolerance and non-prescription. They don’t believe in a supreme being and their fundamental beliefs state that each individual needs to take full responsibility for their own actions and omissions.

Buddhist monks have a special place in a Khmer’s life. They are greatly respected and everyone must move out of the way of monks, and only men are allowed to touch them. Some families invite the monks to their homes for ceremonial events. Buddhist monks play an important role in Cambodian life by educating people on Khmer culture and values. It was said that monks used to be the only literate people in rural communities.

Monks participate in ceremonies, marriages and funerals but do not lead the ceremony. Traditionally monks were healers or practitioners and their role was closest to that of a modern psychologist.

Buddhism is still strong among Cambodians living overseas, especially among the elderly. Most Cambodians believe in a supernatural world. They seek supernatural help when falling ill or in times of crisis. Traditionally, Cambodians would enlist help from a practitioner whom they believe could assist them via the spirits. All spirits must be respected and living people can show respect by providing food, if food is not provided, misfortune may befall.
Traditionally, Cambodians eat together as a family usually three times a day.

Rice and noodles are the main components of Cambodian diet, with some being influenced by Chinese cooking.

In Australia, rice and fish, are popular as in Cambodia.

Noodles demonstrates the influence of Chinese cuisine whereas curry dishes exemplify the influence of Indian cuisine, although the curry base is quite different. Fish are cooked fresh, or eaten dry or salted. Cambodians like seasonings such as hot peppers, lemon grass, ginger and various mints.

Cambodians also use fish sauce which is used as a dipping sauce, in soups, and stir-frys.

The main ingredient of many Khmer curries and desserts is coconut milk.

Cambodians enjoy sweet desserts which are made from either fruit or rice. They also drink tea and coffee with condensed milk which was introduced by the French. Chillies are a favourite for some Khmer people.

Typically Cambodians have at least 2 or 3 separate dishes for every meal and each dish has a different taste, sweet, sour, salty or bitter.
Cambodian elders traditionally live with their children as they feel it is their responsibility and duty to care for their parents. If an elderly person doesn’t have children, then they live with their other relatives. After migration, many Cambodian families are face difficulties in caring for their elders due to a new life style and changes in responsibilities. These changes are challenging some of their traditional values and roles. Therefore choosing residential care as an option is still a huge challenge for many Cambodians. Many Cambodians feel uncomfortable, guilty and ashamed to send their elderly to residential care. They are more comfortable to work with home support and care services and other alternative support systems before considering residential care. Cambodian elders focus on religious and spiritual principles. These principles and life values assist them towards a harmonious ageing journey and peaceful dying process. Many elderly migrants lived more than half of their life time in another land i.e. Australia, after escaping from the Cambodian Holocaust. Dying in another country can sometimes cause a wide range of emotional suffering for example survivors guilt and guilt over decisions made during the Holocaust.

In Cambodia, dying mostly happens at home. When a person dies the body may be kept at home for one to three days. This offers family members an opportunity to share grief and sadness collectively. At the same time this provides opportunities for visitation and religious ceremonies. Generally the funeral ceremony happens according to the families’ religious practices. Family members collectively make decisions about funeral proceedings. After the death, the body should be washed and prepared by the family. The hands are placed in the prayer position and candles and incense are placed in the deceased’s hands. Families sometimes place a coin in the mouth of the deceased. Cremation is preferred in Cambodian culture although some may have different preferences (e.g. Chinese-Cambodian). Ceremonies are usually held on the 7th day after the death and again at 100 days and follow every anniversary. According to Cambodian culture after the funeral ceremonies, friends and family members visit the family and make a financial contribution.
According to the 2006 census, there are approximately 10,909 Chilean-born people living in Sydney. They have also settled in many other places in Australia.

With their children, there are some 33,525 Chileans or people claiming Chilean ancestry in Australia. They are one of the largest groups of immigrants from Latin America.

There have been three distinctive waves of Chilean migration to Australia, all during the latter half of the twentieth century. Approximately 2,000 Chileans came to Australia between 1968 and 1970 as a result of the economic crisis that occurred under Eduardo Frei’s presidency.

Then, when socialist candidate Dr Salvador Allende was elected president in 1970, a number of Chileans felt increasingly worried about their economic and political future and decided to leave, some choosing to move to Australia. The majority of this group identified with the middle class that had traditionally associated itself with the wealthy Chilean oligarchy; their fears and the upper class’s fears consequently merged into a shared ideology based on rigid class interests and divisions.

The third wave, and the greatest in number, came after the military coup of General Augusto Pinochet on 11 September 1973. People immigrated at this time for both political and economic reasons, and consisted mostly of Chileans of working-class and lower-middle-class backgrounds, a largely homogenous population of skilled workers.
Most Chileans profess a Christian faith. It is estimated that more than 80% of the population belong to the Catholic Church. Most other people belong to various Protestant groups or other Christian churches.

The Chilean people are friendly, both among themselves and with strangers. They are known for their sharp and witty sense of humour. This and their cultural and educational refinements, have earned them the distinction of the “British of South America”. Chileans take pride in their literacy, their nation and their heritage. Chile’s history has included dictatorships that are still very much a part of the national psyche today. Chilean, customs differ quite a lot from region to region.

Greetings in Chile are very important because they stress that an individual is welcome and recognised. The abrazo is the most common greeting among friends and relatives. It consists of a handshake and a hug.

Kisses are always used, even when you don’t know the person, and are much more common than a handshake, particularly for women. A handshake is appropriate when meeting someone for the first time. Eye contact is very important when greeting someone. Men stand to greet a woman entering the room. Chilean people show significant outward affection to friends and relatives. The abrazo is repeated with each individual when one leaves a small social gathering of friends or family.

Contrary to some areas in South America, guests wait outside the door of a home until invited inside. Dinner guests often bring flowers, wine, or bread for the host family. It is appropriate to greet the head of the family first. Chileans appreciate guests who show genuine interest in their family, especially their children.
Many national dishes are prepared with fish, seafood, chicken, beef, beans, eggs and corn. A common meal is soup or cazuela made with meat, beans, corn, pumpkin and potato.

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

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

Chileans respect the elderly and family ties are strong. The family means not just the immediate family, but also includes the extended family – aunts, uncles and cousins and grandparents. The family is extremely self-sufficient and very much closed to outsiders, except for very close friends.

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

Older people are reluctant to go to residential care, even though they will be attended and looked after, they feel they will miss the nurturing from their family unit. Elderly people consider residential care as the
last resource and only in cases where they are totally alone, have a disability or they cannot look after themselves. They prefer to stay in their homes or live with their sons and daughters.

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

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

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

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

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

Death and Burial Practices

Chileans pay great tribute to loved ones who have passed away. Following death, a wake and a funeral are held at a church where close friends and the extended family assist with the religious service. Most Chileans prefer graves, but in recent years an increasing number of people choose to be cremated. When someone dies an older person washes the deceased and dresses them in clean clothes.
The first wave of Chinese migration to Australia began in 1827. Large numbers of Chinese labourers were recruited to work in the pastoral industry. In the 1870s, the gold rush brought another influx of Chinese to Australia.

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

The ‘Australian-Chinese Family Reunion Agreement’s legislation (1976) increased the number of older migrants who arrived to join their children in Australia.

Cantonese and Mandarin are dialects of the Chinese Language. They share the same base alphabet, but as a spoken language they are distinct and not mutually intelligible. Mandarin is the official state language of China and is the common language of the country. It is the primary spoken language in Beijing and Shanghai, although some provinces still retain their own local dialect. Mandarin is also the main dialect in Taiwan, Singapore and within Chinese Malaysia.

Cantonese is spoken by the people of Hong Kong, Macau and Guangdong province, including Guangzhou (previously Canton in English). Cantonese speaking Chinese are more prevalent in Australia due to larger emigration from these areas.
As Chinese migrants came from various countries and cities, so they brought with them diverse cultural traditions, religions and dialects.

Chinese migrants may practice Buddhism, Confucianism, Taoism (Daoism) or a mixture of these beliefs. There are a number of Chinese-born people practising Christianity and Islam.

Confucianism is a system of behaviours and ethics that emphasises the obligation of people towards one another based upon their relationship.

Confucianism stresses duty, sincerity, loyalty, honour, filial piety, respect for age and seniority. Through well maintained harmonious relations as individuals, society itself becomes stable. Buddhism is a cultural system of beliefs and practices based on principles of compassion and non-attachment. Buddhists do not believe in a personal creator God. Buddha is recognized by Buddhists as an awakened or enlightened teacher.

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

There might be a statue of Buddha, candles, and an incense burner. People chant to show their love for the Buddha. They make offerings of flowers, candles, incense and pure water at a shrine. When Buddhists worship alone they usually meditate and read from the Buddhist holy books.

Every month most Buddhists have special religious days they honour. These are often days when there is a full moon. Many Buddhists go to temples to worship on these days.

Chinese wear bright colours, especially red, which is considered a sign of good luck for celebrated events such as Chinese New Year and at a Chinese traditional wedding, the bride will wear a red wedding gown. Wearing completely black or white is reserved for mourning or a sad event such as attending a funeral. It is not suitable at a traditional wedding.
Many Chinese believe in the Yin-Yang balance of food nutrition. Yin qualities include coolness, dampness and darkness, as opposed to Yang's warmth, dryness and light. Thus, Yin foods tend to be cooling and/or moistening for the body, whereas, Yang foods tend to be warming and drying for the body. In general, Chinese believe most illnesses are caused by the disharmony and imbalance of energy flow in the body.

Some popular Chinese dishes are: sweet and sour pork or chicken, gong bao chicken, ma po tofu, wontons, dumplings, spring rolls, chow mein and Peking duck.

Many side dishes include rice, noodles and vegetables.

Chinese eating utensils normally are chopsticks, spoons, bowls. Forks and knives are not usually used on the table. It is believed that Confucius, a vegetarian, advised people not to use knives at the table because knives would remind them of the slaughtered animal.

There is also a tradition that the dining table is a place of peace and harmony. The knife is considered to be a weapon and could disrupt the harmony of the table. Because of this, the knife, and anything else that could disrupt the harmony, is banned from the table.
Attitudes to sick and elderly

As a collective community, it is regarded as the children’s responsibility to look after their parents when they fall ill and/or grow old. Many Chinese take care of their elderly parents by offering them financial support to live at home or support to live in residential homes. Older Chinese in Australia may become frustrated by their inability to speak or read English and their reliance on children. The existence of Chinese Senior groups and other services for the Chinese speaking communities helps to reduce their social isolation. Chinese view age positively and as a sign of wisdom. There is a respect for, and a sense of duty towards elders and parents. However, some older Chinese may experience inter-generational conflict with their Australian-born grandchildren. Chinese values draw upon many influences such as Confucianism, Taoism and Buddhism. Values such as loyalty, the maintenance of social order, the superiority of men over women, self-restraint, self-respect, and self-blame are embedded in the Chinese culture and have a lot of implications for health care during end-of-life care. The implication of these values is that collective decision-making within the family is regarded as the norm. Usually females take the caring role and the oldest male in the family is the decision maker but does not necessarily provide the physical care. The open discussion of terminal illness and end of life issues are not considered appropriate in Chinese culture – it is regarded as highly inappropriate during celebrated festivals.

Death and Burial Practices

Not every Chinese wants to die at home as they believe that the death can bring negative energy to the house.

Due to different religious backgrounds, there are different burial ceremonies that take place. The job of coordinating and preparing the funerals of Chinese elders falls on children or younger family members.
Croatian settlement in Australia began in the nineteenth century, prompted by strong hostility to Austro-Hungarian rule. By 1854 there were many Croatians were working in the NSW and Victorian goldfields.

Another wave of migrants came from the Croatian wine-making region of Dalmatia, which was affected by phylloxera disease which ravaged it’s wine industry.

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

Many migrated under the ‘Displaced Persons Scheme’ and a significant number of those were Croatian speakers.

The migration of displaced persons peaked in 1958. In the 1960s, the Government of Yugoslavia opened its borders to allow citizens to seek employment abroad. Between 1961 and 1976 almost 100,000 Yugoslavia-born people took advantage of this opportunity and migrated to Australia and many of these settlers were Croatians.

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

The former Yugoslavia was overall the third-largest source of migration from Continental Europe, behind Italy and Greece. The latest Census in 2011 recorded 48,828 Croatia-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Croatia-born were Catholic (36,531) and Eastern Orthodox (7,076).

The Croatian community has well-established clubs, sporting venues and Catholic parishes throughout Australia. In recent years, several Croatian halls and soccer clubs have celebrated their 50th anniversary in Adelaide, Melbourne, Sydney, Geelong, Brisbane, Hobart, and Wodonga. Croatian clubs and venues are more than just meeting places. These venues are places where one can enjoy Croatian food, language, culture, music, and sports. They are community assets, with the community having spent considerable time and money building them.

Croatians especially worship the Virgin Mary, or as they often refer to her “Our Lady’. There are numerous shrines in her honour throughout the areas where Croatians live, but most famous is Marija Bistrica.

Croatia’s Catholic heritage can be seen in its celebration of Christmas. Christmas Eve is called Badnjak in Croatia and is celebrated in a similar manner to other Eastern Europe countries. Straw may be placed underneath the Christmas Eve tablecloth, fish is served, and a meat dish is usually served as the entree on Christmas Day.

A yule log may be burnt and church may be attended. On Christmas Eve, the Christmas wheat, which has been sprouting since St. Lucy’s Day on 13 December, is tied with ribbon in the colours of the Croatian flag – red, white, and blue. Sometimes a candle in combination with other symbolic items is placed within the wheat.
The traditional Croatian main meal of the day is a late lunch. The food of Croatians originating from the north and inland, is often influenced by Austrian or Hungarian cuisines. A typical lunch includes chicken or beef soup, cooked meat (often pork), potatoes, and bread. Greens with vinegar and oil are served in the spring and summer, and pickled vegetables in the winter. Along the coast, a meal usually includes fish and pasta, risotto, or polenta. Lamb is common in the Dalmatian highland region.

Breakfast is simple, usually consisting of strong coffee and bread with jam. A traditional dinner typically consists of leftovers from lunch, cold meats, and cheese with bread.

For holidays or special occasions, there are larger quantities of food, particularly meat. Roast pork with the skin (pecenka) is popular in Zagreb and Slavonia. Special cakes are also prepared. Fried cheese, octopus salad, spicy grilled meats, and dishes made with filo reflect different cultural influences.

Whenever people get together for a celebration, they often drink alcohol together. In Slovenia, this is usually a plum brandy; in Zagreb and on the coast, grape or herb brandies are popular. Strong Turkish-style coffee and espresso are important symbols of hospitality.

Licitars are colourfully decorated biscuits made of sweet honey dough that are part of Croatia’s cultural heritage.

Croatia takes credit for inventing the necktie. The French were intrigued by the Croats’ practice of tying pieces of fabric around their necks and developed a fashion out of their inspiration during the 1700s.
The family is the basis of the social structure. The extended family is the norm and relatives remain quite close with both the mother and the father’s sides. The family provides its members with a social network and assistance in times of need. Croatians prefer to look after their elderly parents rather than send them to a nursing home.

Elderly people generally prefer to stay at home for as long as possible, rather than be admitted into an Aged Care Facility. It is expected that family will care for their parents and relatives at home for as long as possible and the elderly are valued and highly respected.

Croatians who lived in Australia for a long time have come to accept aged care services more openly than new arrivals.

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

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

Mass is held prior to the burial and prayers are said at the gravesite. Following the funeral, friends and family are invited to the family home of the deceased for light refreshments. Mourners wear black clothes for forty days, but in some cases for a year or for life. Many Croatians that were born overseas wish to be buried in their homeland. Visits to cemeteries are very important to older people especially on the “Day of the Deceased”, when a bunch of chrysanthemums are usually taken to the graves.

It is common in Croatia to decorate graves with candles, flowers and photos.
Cypriot Community

History of Migration

Australia is home to the second largest Cypriot community outside Cyprus. Cyprus-born migrants and their families in Australia number over 80,000. The Cypriot community of Australia is active, successful and vibrant and makes an important contribution to the social and cultural richness of this country.

Most Cypriots came to Australia as either migrants or as refugees as a consequence of the 1974 Turkish invasion.

The earliest known Cypriot migrants arrived in Australia in the 1850s, attracted by the gold rushes. By the 1890s, Cypriot shopkeepers had established businesses in Melbourne and Sydney. The Australian census of 1933 recorded 500 Cyprus-born people.

Turkish-Cypriots holding British passports migrated to Australia after World War II. In the following years migration from Cyprus to Australia continued to rise, with populations of Cyprus-born reaching 13,270 in 1971 and 22,030 in 1991.

Today, there are Cyprus-born residents in all Australian capital cities. The Greek-Cypriots retain a numerical dominance within the Cyprus-born community. The largest Greek-Cypriot communities are in Sydney and Melbourne. Melbourne has the most Turkish-Cypriots.
‘Greek Cypriots’ are mostly Greek Orthodox (77%). Other religions include Sunni Muslim (18%), and other Eastern Orthodox (1%). The majority of Turkish-Cypriots are Sunni Muslims.

It is important to not bring dishonour on the family. Parents strive to provide young couples with a home, and perhaps a car. However, since the move to urban living, relatives are not always close in proximity. The women still rule over the house domain, and the men preside over the political arena. Children are a high priority both in the family and community.

Cypriots are expressive in their greetings. Men hug or slap male friends on the back or shoulder. Women kiss friends on both cheeks. New acquaintances greet each other more formally, whereas friends use first names.
Fresh salads (often with cucumber and tomato) and plain yoghurt accompany most meals. The main meal consists of vegetables cooked many ways, including yahni, made from olive oil, tomato and onions. When eating out, people often order meze, which is a large collection of smaller dishes, dips and salads. The main course will usually be grilled meat or fish, including squid, octopus, red mullet and sea bass. Common vegetable dishes include potatoes in olive oil and parsley, pickled cauliflower and beets, asparagus and taro. Other traditional delicacies of Cyprus are meat marinated in dried coriander, seeds and wine, and eventually dried and smoked, such as lountza (smoked pork loin), charcoal-grilled lamb, souvlaki (pork and chicken cooked over charcoal), and sheftalia (minced meat wrapped in mesentery).

Cyprus is also well known for its desserts, including lokum (also known as Turkish Delight) and soutzoukos.
The vast majority of Greek Cypriots do not support euthanasia for people with incurable illness and/or elders with dementia and also do not support cremation. Certain demographic characteristics such as age and education have a positive influence towards attitudes for euthanasia and cremation, while religiosity exerts a strong negative influence on the above. Family bonding as well as social and cultural traditions may also play a role.

The death of someone in Cypriot culture has many associated traditions.

Funerals usually happen promptly after the person has died.

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

Family members may choose to wear black for the 40 day mourning period and many widows or widowers, especially older generations, will wear only black after their partner has passed.
Only a small number of Czechs came to Australia during the 19th century.

During the economic crisis in 1930 and Nazi occupation of Bohemia, several hundred Jewish Czechs arrived in Australia.

The bigger wave of Czech migration occurred between 1947-54 after Czechoslovakia became a satellite state of Soviet Union, when over 12,000 Czechoslovakian political refugees came to Australia.

Another large number of Czechs immigrated (approximately 6,000) after 1968, following the Soviet occupation of Czechoslovakia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Czech Republic-born were Catholic (3,253) and Anglican (145). There are also small number of followers of Judaism.

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

Czech Easter (Velikonoce) is a significant holiday and celebration. The meaning of Velikonoce is Great Nights. Many Czech Easter symbols are related to spring and the beginning of new life. Czech Easter Eggs are hand-painted or otherwise decorated egg (kraslice) is the most recognizable symbol of Czech Easter.

On 30 November, St. Andrew’s Day, halushky (a national pasta dish) is traditionally cooked and baked goods are prepared over many evenings during December.
Czech food differs by region, but generally includes soups, stewed and boiled vegetables, stewed fruits, smoked meats (especially sausages), roasted meats, gruels, and dairy dishes.

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

There are also sweet versions of dumplings filled with strawberries, blueberries, apricot or plums and served with chocolate or sweet cottage cheese.

Curries and spicy foods are not generally popular.

Traditionally, five meals are eaten each day: early in the morning upon rising, a snack at about ten in the morning, the main meal of the day at noon (*obed*), another snack around four in the afternoon, and supper in the evening after chores. Tea with sugar is the most popular hot beverage. Bread is served with every meal, and hot soup is a fixture as the first course at the main noon meal and with meat dishes. The evening meal is usually light and may include bread, cheese, and vegetables.
The Czech elderly do not readily accept being admitted into residential care. This option is considered only as a last resort. It is expected that family will care for their parents, which can cause generational conflict when children are unable to meet this expectation.

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

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

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

Funeral customs are determined by the Church and wishes of the family. Funeral rituals depend on the religion of the individual e.g. Catholic, Protestant or Jewish.

It is important to find out from the family what practices the dying person wishes. Most Czechs have a stoic acceptance of death as part of the life process. Family and friends stay with a dying person, showing a strong sense of loyalty and respect for their loved ones.

Cremation is accepted among the Czech community. Following the funeral, family and friends are invited to the deceased persons home to mourn and fondly remember the deceased. Visits to cemeteries are very important to older people. Graves of loved ones are visited for years, particularly on All Souls’ Day, when a bunch of chrysanthemums is placed at the grave site.
Dutch sailors were amongst the first Europeans to reach Australia. In 1606 the Duyfken became the first ship to chart part of Australia's coastline. The Dutch named the West Coast of Australia New Holland and many of their ships sunk or went aground on the Western Australian Coast. Aboriginal oral history tells us that some of the lucky ones that survived came ashore and joined Indigenous communities. Dutch East Indies Company ships stopped visiting Western Australian shores in 1796.

In the early 19th century a few Netherlands-born convicts were transported to Australia. A small number of free settlers also immigrated, and the gold rushes drew increasing numbers in the 1850s. It was not until 1942–45 that Dutch numbers increased significantly when Dutch military personnel arrived in Australia to help with the defence and evacuation of Dutch residents of the Netherlands East Indies. On 19 January 1942, the Netherlands East Indies and Australian governments reached an agreement that all financial responsibilities for Dutch women and children evacuated to Australia would fall on the Netherlands East Indies Administration. After this, evacuations started in earnest.

After World War II the Netherlands government actively encouraged emigration to relieve housing shortages and economic distress in Holland. The Netherlands Australia Migration Agreement (NAMA) of 1951 facilitated the immigration of Dutch people to Australia. The economic situation in the Netherlands improved in the 1960s, and the number of emigrants began to decrease. Others chose to return to the Netherlands, and by 1981 the Netherlands-born population of Australia had fallen.
Traditions and Religion

There are three main religions in the Dutch community in Australia ie Catholic, Protestant and Calvinist Christians.

Some traditional celebrations of the Dutch, irrespective of their religious affiliations are Koninginnedag (Queen’s Day) 30 April.

Remembrance of Dutch casualties in World War II is celebrated on Memorial Day, 4 May. The nation observes a minute’s silence at 8pm to commemorate those who died in the war.

Liberation Day, 5 May celebrates the end of the German occupation in 1945. Pasen (Dutch Easter), is celebrate as other Christians do, on Easter Sunday they prepare festive breakfasts, brunches or lunches.

St Nikolas Eve or the Feast of Saint Nicholas (Sinterklaas) is celebrated on 5 December. Family members and friends exchange gifts on the Eve of Saint Nicolas’ Day, while children receive gifts on his birthday (6 December).

New Year’s Eve 31 December. On New Year’s Eve, the Dutch reflect on the year that has passed and gather with friends rather than family members. The New Year is welcomed with champagne and fireworks, and resolutions are made.

‘Gezelligheid’ (a sense of cosiness, atmosphere, sharing, and company) is a key characteristic of Dutch culture. This concept is echoed in the décor of the home.
Traditional Dutch foods include pea soup, kale stew, hotchpotch (a thick stew), white asparagus, French fries with mayonnaise, meat croquettes, and raw herrings. For breakfast Dutch usually eat several sandwiches with cheese, peanut butter, or chocolate sprinkles.

Lunch consists of sandwiches too, often with cold cuts and perhaps a small salad on the side. Raw herring served with raw onion is extremely popular and in the Netherlands this is sold everywhere by street vendors.

Dinner, is usually a two or three-course meal that often begins with soup. The main dish usually contains a mixture of potatoes with vegetables and meat, fish, or poultry and is followed by dessert. Due to influences from travels and colonial campaigns, Chinese–Indonesian, Surinamese, and Italian cuisines have now become part of the Dutch diet. Coffee has a strong social significance and neighbours often invite each other over for a cup of coffee.

Other traditional dishes include:- *Poffertjes* – similar to mini pancakes doused with sprinkled sugar. *Hagelslag/Muisjes* – chocolate sprinkles usually eaten on bread. *Kroketten* – rolled up leftover meat in a paste rolled in breadcrumbs and then fried.
The Dutch prefer to be independent for as long as possible. They fear the loss of independence, the loss of culture, and the loss of ability to have a choice of how to live. They usually will accept going to an aged care facility to live when they are unable to care for themselves and if there is no family members to care for them.

The Dutch believe family visits are important and it is expected that family visit often and check that quality care is provided. Dutch elderly often have a need to be closer to their roots and have someone to speak to in their native language. This can be difficult within families, as not all Australian-born Dutch children were encouraged to maintain their Dutch language and culture. Aanpassen, or ‘fitting in’, was a distinctive aspect of Dutch resettlement in Australia. In public, most Dutch people seemed willing to get rid of, or at least cover up, any social characteristics defined as ‘ethnic’ by Australians. Anglo-conformity became the hallmark of Dutch identity in Australia. These assimilation patterns made the Dutch somewhat ‘invisible’ and saw them labelled ‘model migrants’.

The Dutch believe that medical expertise is better in specialised facilities. Dutch-born people practice a Western model of health in conjunction with alternative therapies.

The Dutch accept death as a natural process. Medication is accepted to relieve physical discomfort. Spiritual needs and emotional support is provided by close family members, clergy and friends. Attendance at funerals is generally by invitation only, and the invitation will most likely only entitle you to take part in one specific part of the funeral process. The funeral process does not necessarily have to take place at the church. The mortician approaches the family after a loved one has passed, asking if they prefer a cremation or a burial. Generally, a burial may take place around four days after the death.

Death and Burial Practices
According to the Australian 2011 Census, 36,532 Australian residents declared that they were born in Egypt and based on the 2006 Census, 31,786 declared that they were of Egyptian ancestry either alone or with another ancestry. Egyptian Australians might also have nominated themselves as being of Coptic ancestry. Additionally, the 2006 Census shows that the majority of Egypt-born Australian residents are located in Sydney (16,238) or Melbourne (11,156), with smaller communities located in Perth (1,407), Adelaide (982) and Brisbane (897).

Immigration from Egypt was significant in the late 1940s and 1950s, with minorities escaping the growing Arab nationalist movement which saw the overthrow of the Egyptian monarchy and the subsequent Suez Crisis. During this period around 2,000 Egyptian Jews also left Egypt.
Over 90% of all Egyptians belong to the Sunni branch of Islam. Islamic philosophy is deeply rooted in the minds, hearts, and behaviour of the people. Islamic scripture, the Qurán (Koran), is considered the final, complete word of Allah. Muslims accept and revere all major Judeo-Christian prophets from Adam to Jesus, but they proclaim Mohammed to be the last and greatest.

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

Warmth in personal relations is important to Egyptians and greetings are often elaborate. Because social classes play a key role in society, phrases used for greetings depend largely on the differences between the individual’s social classes. Generally, however, friends of the same sex shake hands and kiss on both cheeks. If the greeting comes after a long absence, the kisses may be repeated more than once and even end with a kiss to the forehead. Men greet women with a handshake only if the woman extends her hand first. Otherwise, the greeting is verbal. First names are not used unless one is invited to do so. Good friends exchange first names in informal settings, but they may add a title to the first name in formal settings. To thank someone for a compliment, one responds with an equally respectful compliment on the same subject or wishes Allah’s (God’s) blessings.

Egyptians generally prefer a relaxed and patient life. Egyptians are expressive and emotional, and are well known for their marvellous sense of humour. This has helped them endure difficult economic and living conditions with great composure. Part of Egyptian humour is a love for riddles (especially during the month of Ramadan), jokes, sarcasm, and wordplays. Egyptians often identify with community groups, to the point that personal needs become secondary to those of the group.

The majority of Egyptian-Australians are Copts, with 19,928 Australian residents declaring membership of the Coptic Orthodox Church at the 2006 Census. Congregations of the Coptic Orthodox Church in Australia are served by two Coptic Orthodox Dioceses with over 50 parishes, 2 monasteries, 2 theological colleges and 5 schools. The Coptic Church is a member of National Council of Churches in Australia.
Egyptians eat rice, bread, fish, lamb, chicken, turkey, and stuffed vegetables. *Tahina* (sesame seed paste), tomatoes, yogurt and cucumbers are also eaten with meals.

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

Traditional foods include fava beans prepared as *foul* or *ta’miyya*, and flat Egyptian bread. Bread, usually unleavened, is eaten with every meal.

The Qurán also prohibits the consumption of alcohol. Dairy products are acceptable provided that only halal animal rennet is used. During the month of Ramadan fasting is undertaken from sunrise to sunset, with nothing to eat and drink.

Egyptians prepare elaborate and expensive meals when they have guests. Sometimes a person will not eat everything on the plate because leftover food is a symbol of abundance and a compliment to the host for providing so well.

In restaurants, food is left as a sign of wealth (one can afford to leave food behind). Finger food is eaten with the right hand.
Egyptians tend to combine the modern health system with traditional practices such as herbal remedies and usually seek help from an Arabic speaking practitioner. Women might need to be treated by a female health practitioner. Elders are highly respected by the Egyptian community and their extended family. There is a strong family involvement in looking after older people and Egyptians expect their families to look after them.

There is often a reluctance to enter into residential care, it’s a relatively new concept for many Arabs including Egyptians and is often seen as a place where you go to die. The family must be consulted in all aspects of health care and the needs of the elderly person and Arabic residential facilities and/or having staff who speak Arabic are preferred. Many Egyptians think that residential aged care services might not understand their culture and thus they might have a problem being there, for example some types of insulin are made from pork products and therefore these will be prohibited for use and alcohol is expressly forbidden even when used for medicinal purposes.

Death and Burial Practices

When a Muslim is near death, those around him or her are called upon to give comfort, and reminders of God’s mercy and forgiveness. They may recite verses from the Qurán, give physical comfort, and encourage the dying one to recite words of remembrance and prayer. Upon death, those with the deceased are encouraged to remain calm, pray for the departed, and begin preparations for burial. The eyes of the deceased should be closed, and the body covered temporarily with a clean sheet. It is forbidden for those in mourning to excessively wail, scream, or thrash about. Once a Muslim dies, someone from the same gender must prepare the body by washing with clean and scented water, perfuming, and shrouding it. The funeral prayer is then performed and the deceased is then taken to the cemetery.

While all members of the community attend the funeral prayers, only the men of the community accompany the body to the gravesite. Muslims strive to bury the deceased as soon as possible after death, and the deceased is buried in a graveyard without a casket, simply laid in the earth and covered lying on its right side, and facing Makkah. The official mourning period in Islam is three days where people stay at home receiving visitors and condolences. The mourning period differs but usually on 7th, 40th and 1 year after death, the deceased are remembered and alms given to the poor and women wear black for a year or more.
The foundations of a multiracial Fiji were laid in the late 19th century. The first colonial governor of Fiji, Sir Arthur Gordon, introduced Indian indentured labourers to work on Australian-owned sugar cane plantations. Gordon prohibited indigenous Fijians from commercial employment so that they could enjoy their traditional lifestyle undisturbed by contact with outside forces, and thus escape the fate that befell other indigenous communities that came into contact with the outside world.

The introduction of Indian indentured labourers into Fiji was a key element of Gordon’s policy to protect the indigenous community. Between 1879 and 1916, 60,000 Indian labourers went to Fiji, and their work helped create the foundations of Fiji’s sugar-based economy. Most of the migrants chose to remain on the islands after the expiration of their five-year contracts. Their descendants constitute the bulk of the present Indo-Fijian population, the rest being descendants of Gujarati traders and Punjabi agriculturalists who arrived in the 1920s. Once the indentured labor system was abolished in Fiji in 1920, Indo-Fijians settled in the sugar cane belts of Fiji, principally on the two main islands of Viti Levu and Vanua Levu. By the end of World War II, Indo-Fijians outnumbered the indigenous Fijians in the total population. This trend, which was not reversed until the 1980s, caused concern among indigenous Fijians about their place and identity in their own ancestral land.

Fiji-born people have been in Australia since the late 1800s. By the mid-1950s there were over 2,000 Fiji-born persons in Australia. Fijian migration to Australia became significant in the late 1960s. The Fijians were attracted to Australia by the prospect of better employment, higher wages and improved welfare services. Migration accelerated in the post-independence decade of the 1970s and by 1986 there were 14,749 Fiji-born people in
Australia. Following the military coups and political unrest in Fiji in 1987, Australia received an influx of Fijian Indians seeking refugee asylum. By 1991 the Fiji-born population in Australia had increased to 30,149.

Fijian Indians are mostly either Hindu or Muslim and those of Chinese descent are either Christian or Buddhist. Freedom of religion is guaranteed by the constitution. Religion plays a major role in the lives of all Fijians.

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

Traditions and Religion

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

Almost all Fijians are proficient in English. Many Fijian Indians speak Hindi or other Indian languages at home. Over 80% of Fijians in Australia are under fifty years of age. Fijians retain strong social and economic ties with their relatives in Fiji.
Traditionally, neither Fijians nor Fijian Indians used eating utensils, but spoons and forks are becoming more common in urban areas.

At meal times, it is customary to spread a cloth on the mat-covered floor and sit cross-legged, pray, pass a bowl of water around for washing hands, and eat from tin plates and bowls. The water bowl is again passed after the meal. Women and girls usually eat after the men and boys. Food is shared in Fijian villages. For large feasts and special meals, food is still cooked in the traditional manner in a lovo (ground oven).

The mainstays of the Fijian diet are boiled taro and cassava, starchy roots that can be grown in the family garden. There are some leafy vegetables and many tropical fruits (papayas, mangoes, pineapples, bananas).

Many dishes are prepared in lolo (coconut milk). Seafood, chicken, pork and beef are all eaten in Fiji. Foods are rarely deepfried, but are steamed, boiled, or roasted instead. Indian cuisine is often made with curry and is spicy. Roti is a daily Indian staple.
Older people are respected for their wisdom. They are viewed as authoritative figures.

Looking after parents is considered *punya*, or earning merit in the afterlife. There is also a belief in the need for interaction with the elderly to transmit traditional values such as sharing, caring, and patience to the younger generation.

Old age is regarded as a period of “rightful dependency” with the support of the extended family, and in particular adult sons. The elderly remain active, just with different activities.

Old age often involves a movement toward greater spirituality and religious involvement and less household obligations.

Generally for an aged Fiji-born person who has not become very westernised, it would be appropriate for their son or daughter, or other older close relative to talk to them about illness and health care. This ‘buffering’ of the impact of the news is very important, both to the person, and to his/her family.

Placing relatives in nursing homes is rare for Fijians, although Indo-Fijians do reside in nursing homes in Fiji. Traditionally older Fijians are cared for by their extended family and to place a Fijian in a nursing home would isolate them, and may result in them pining away.

It is a family decision on how the deceased’s body should be prepared.

Traditionally the family would dress and prepare the body. The same people in the family are given the task to dress and prepare any deceased relatives. Traditionally Fiji-born people do not cremate their loved ones. However, funeral practice for Fiji-born Hindus is cremation.

There are very strong traditions associated with the handling of the deceased depending on which religion the person identified with.
The first Finn ever to visit Australia or New Zealand was Herman Dietrich Spöring (born in Turku), who was a draughtsman and a scientist in James Cook’s fleet when he arrived in Australia 1770. Spöring's drawings from the voyage are held in the British Museum, London. In Canberra, there is a street named after this adventurous Finn.

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

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

In the last three decades Finnish immigration has decreased significantly. Today there are ca. 30,000 people, with Finnish roots, living in Australia. Approximately 4,000 of them have maintained their Finnish citizenship. “The Finnish Centres” are Brisbane, Melbourne, Sydney and Canberra. The Finns are known for their active societies. Finnish societies are coordinated by the Australasian Federation of Finnish Societies.
Up to the end of the 19th Century, every Finn had to belong to either the Lutheran or the Orthodox Church. In 1889 the ACT on Nonconformity made the position of other Protestant churches official, and membership permitted. Baptists and Methodists were the first to be recognised.

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

Finns adopt a high ideal of loyalty and reliability, honouring their promises and agreements. People are generally reserved, and value punctuality. They are proud of their cultural heritage, especially in light of their national identity having survived centuries of foreign domination. In 1917, Finland was finally declared an independent Republic. Finns are also proud of their clean natural environment.
Finnish cuisine has been influenced by many cultures, from French to Russian. It also maintains a variety of Finnish specialities. These are based on seafood, wild game and vegetables. Traditionally, the Finnish diet includes a lot of potatoes, vegetables, milk products, berries, grains and wholemeal products such as dark rye bread. Herrings feature in various sauces and sausages and salmon are eaten.

The smorgasbord or Finnish buffet is called *poronkaristys*. Open-faced sandwiches on rye bread are often eaten for breakfast and snacks. Milk and coffee are the most popular drinks. Pastries are plentiful. A sweetbread called *pulla* comes in many forms, flavoured with cardamon. *Makkara* (sausage) is often roasted over a fire or sauna heater.

Milk is prominent in the diet as a beverage and the basic ingredient in a variety of curdled, soured, and cultured forms; in broths used for soups, stews, and puddings; and in regional specialty dishes such as “cheese bread” (*juustoleipä*).
Finnish people are keen on healthy life-style options for improving their quality of life and living to a good old age. They want to know more about healthy eating, suitable physical exercise, good sleeping habits etc, and how to also adopt a healthy life-style into their everyday life. Finnish society usually regards older people and their care as important and younger family members look after older loved ones if they can. Today, Finnish people accept aged care services and see them as an essential part of supporting healthy ageing. However, many people from Finnish backgrounds try to manage by themselves for as long as possible. They do not want to be a burden to anyone, not even to their own family members. Finnish people talk about their illnesses openly with their family members and friends, but might not be willing to share their worries and concerns about their health with a person they do not know. Options in palliative care are not yet well known among Finnish people; however, when this stage of life is reached they are then keen to know more about alternative medicines even though they may initially show resistance.

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

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

A table with a photo of the person who has died, two candles and flowers are usually on display at the funeral. Afterwards, coffee with cakes and slices are served, and sometimes speeches are made and few hymns or even folk songs are sung. Mourners are neatly dressed, mainly in dark colours. Memorial feasts are held 6 weeks and 1 year after death. Those who passed on to the realm of the dead (Manala or Tuonela) remained a profound moral force among their living descendants. Days set aside for commemorating the dead eventually were adapted to a Christian calendar under Catholic and Russian Orthodox influence.
In 1838, 517 Lutherans, pursuing religious freedom, were the first significant group of German migrants to Australia. They considered themselves founding pioneers together with British settlers.

Around 10,000 German migrants came to Australia attracted by the gold rush in 1850s. By 1891 there were approximately 45,000.

During World War I, German-speaking people in Australia came under suspicion and in 1915, Germans and Austrians were put into German internment camps. In New South Wales the three main internment camps were at Trial Bay Gaol, Berrima Gaol and Holsworthy Army Barracks. Germans lost their jobs or had their businesses destroyed. German schools and churches in Australia were closed, their music and food was banned and Germanic place names were changed to British ones (e.g. Blumberg became Birdwood). Hundreds of Germans were deported and migration from Germany did not resume until 1925.

During World War II, German settlers were interned in Australian camps again. More than 2000 Jewish refugees from Germany were also interned for short periods. The two wars had a big impact on the number of Germans in Australia, with their numbers falling to 15,000 (Census 1947).

Australia’s post-war immigration program, which was founded on settling Europe’s displaced persons, saw the Germany-born population increase again to 109,315 by the 1961 Census, peaking at 112,000 in 1991. The latest Census in 2011 recorded 108,003 Germany-born people in Australia.
The two main Christian denominations in the German speaking community are Lutheran and Catholic. At the 2011 Census the major religious affiliations amongst Germany-born were Catholic (30,478) and Lutheran (26,230).

Many traditions that Australians consider to be typical Australian culture originate from places which are now modern Germany and Austria.

Easter traditions are deeply rooted in German culture and Oktoberfest originates in Munich and is celebrated by many German Associations and Clubs in Australia.

The custom of the Christmas tree developed in early modern Germany (*Weihnachtsbaum* or *Christbaum*) with predecessors that can be traced to the 16th century where Christians brought decorated trees into their homes.

Shiny glass balls and tinsel as ornaments for Christmas trees are also German inventions. The first blown-glass balls in the shapes of nuts and fruits were produced in 1847.
Das Frühstück (Breakfast) traditionally includes several butterbrots - slices of bread with spreads, cheese, sausage meats accompanied with a strong cup of coffee. Lunch is traditionally a hot meal in the middle of the day. In Australia, due to our warm climate it has been replaced with sandwiches with cold meats.

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

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

A long tradition of sausage-making exists in Germany, including more than 1500 different types of sausage (‘Wurst’ in German). Sides will include boiled or pan-fried potatoes, green beans cucumber salad (with a sugar/vinegar dressing) or/and green salad.
Elderly German speaking people prefer to stay in their own homes for as long as possible. They highly value their independence.

Some plan ahead and look at different options including perhaps living in a retirement village but some are very reluctant to enter residential facilities.

Some would rather pay for care services or depend on assistance and support of family members. German speaking nations are among the leaders in the development of both Western biomedicine and national health insurance. When it comes to the end of life care, prescribed medication is accepted, homeopathy or naturopathy remedies may be used as alternatives to reduce suffering.

As mentioned, nearly 70% of Germans have affiliation with Christian churches, and many of these share common Christian beliefs in *Himmel* (Heaven) and *Hölle* (Hell) as destinations of the soul after death.

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

It is common for friends and neighbours to dress the deceased before they go to the funeral home. Funerals take place between Monday and Friday and it is still traditional to wear black. Cremation is not as common although it has become more popular in recent times, partly due to cost.
Greek immigration to Australia began in the early colonial period in the 19th century. The first known Greeks arrived in 1829 and then of course many immigrated during the gold rush of the 1850s. Many Greeks were amongst the sailors who left their English ships in Australian waters when they heard the discovery of gold. Most intended to return home rich men, so few women came to join them. After the gold declined, those who stayed found work in restaurants, cafes and shops. The community began to consolidate through chain migration - relatives and townspeople joining Greek settlers already here.

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

During WWI Greece remained neutral, eventually joining the side of the Allies. In 1916 the Australian government responded to this by placing a special prohibition on the entry of Greeks and Maltese people to Australia.

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

After World War II and during the civil war in Greece that followed, over 160,000 Greeks came to Australia, mostly to Victoria. Initially, the majority found work in factories or farms as unskilled or semi-skilled labour - even educated migrants had to settle for a manual job. Community groups, churches, welfare agencies, newspapers and schools gradually developed, and eventually, the population of Melbourne became one of the largest Greek settlements in the world outside of Greece. The majority of Greek migrants arrived between World War II and the 1960s, with immigration declining in the 1970s.
Members of the Greek community are predominantly Greek Orthodox and at the 2011 Census the major religious affiliation amongst Greece-born was Eastern Orthodox (93,346).

Although other religions are also represented, they are in much smaller numbers. Greek Australian society retains elements of their homeland traditions.

Religion is a stronger influence with older Greeks than with the younger generation. Icons are significant religious symbols in Orthodox Christianity. Orthodox Christians pay honour and respect to the person or event depicted on the Icon and usually have them in their homes.
Greek cuisine is a combination of primarily Mediterranean with some influences by Middle Eastern dishes. Contemporary Greek cookery makes wide use of olive oil, vegetables and herbs, grains and bread, wine, fish, and various meats, including lamb, poultry, rabbit and pork. Also important are olives, cheese, eggplant (aubergine), zucchini and yogurt. Greek desserts are characterised by the dominant use of nuts and honey. Some dishes use filo pastry.

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

Fasting is an essential part of the Orthodox religion which means abstinence from meats, oil and dairy products.

It is customary to fast 40 days prior to midnight on Easter Saturday. For an Orthodox Christian this symbolises their journey with Christ until his crucifixion and resurrection, where they celebrate and break their fast.

During Lent Greeks spring-clean their homes and properties in preparation for the Holy Week.

At national celebrations, traditional costumes may be worn.
Traditionally children and family members care for the sick or elderly and they often live with or in close proximity to extended family. As a consequence of migration, Greek families in Australia do not live together as extended family units as was the case in Greece. Many elderly live alone and in their own homes, and do so for as long as possible. There is a fear and resistance of being placed in an aged care facility and this doesn’t usually occur until much later in life when their needs are high. Greek elders have a high status in the family and community and are treated with respect. Grandparents often play an important role in caring for their grandchildren. In cases of terminal illness, there is a tendency to avoid telling the ill person that they are dying. The perception being that this will hasten death. Palliative care as a concept is not well understood by many older Greek Australians and can result in confusion as to eligibility, and who provides the service and what is provided. Generally the family and the patient would want death to occur in one’s home. Greek Australians tend to seek our Greek doctors who understand their language and culture.

The role of the parish priest is integrated during this period. Where death is likely to be imminent, Greek tradition calls for the attendance of a priest to offer last sacraments including communion and confession. In addition to tending to the dying, the priest will provide an invaluable comfort to the family in this distressing time. Following a death, a kandili (religious burner comprising oil, water and a floating wick) must remain lit for 40 days, next to an icon and a photo of the deceased until the soul leaves this world. Immediately after the person has died, one of the most important rituals is then conducted for the first time i.e. The Trisagion. This will be performed before the funeral, at the church or graveside after the funeral service, and repeated on the 3rd, 9th and 40th day after death, and on the 6th month and 1 year anniversaries. A feature of Greek culture is wearing black during mourning.
The first known Hungarian migrants arrived in Australia after the Hungarian Revolution of 1848.

In the 1930s a second wave of migration brought Hungarians who were mostly Jewish intellectuals and businessmen to Australia, escaping Nazi oppression.

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

In the next five years, many thousands fled to the West and spent some time in ‘Displaced Persons Camps’ before migrating. About 17,000 Hungarians arrived in Australia as a result of this process.

The last significant group to migrate included people fleeing the aftermath of the Hungarian Uprising of 1956. Whilst the earlier waves of Hungarian migration had included many people of rural or village background, refugees that arrived after 1956 included a considerable proportion of tradesmen and factory workers, many of them quite young.

22% of people of Hungarian ancestry living in Australia were born in countries neighbouring Hungary (mostly in Former Yugoslavia, Romania, Austria, Germany, and Croatia).

In recent decades the Hungary-born population of Australia has declined. The latest Census in 2011 recorded 19,092 Hungary-born people in Australia.
At the 2011 Census the major religious affiliations amongst Hungary-born were Catholic (10,424), Judaism (1,351) and Presbyterian and Reformed (1,070).

Hungarian traditions are linked with religious festivities, family events and celebrations of the nation’s historical events. They are influenced by Western European, especially Austro-Germanic cultural trends, Catholicism and strong Hungarian folkloric elements. In general, Hungarians are not deeply religious. The dominant religion of their country changed several times under different rulers. Thus the Hungarians are known for being more tolerant about religion than other Eastern Europeans. Many Hungarians do not formally belong to or regularly practice any religion, but baptisms, weddings, and funerals tie them informally to churches.

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

Some Hungarian households have ‘sacred corners’, which are decorated with pictures of various saint and statuettes brought back from Catholic pilgrimages, e.g. to the city of Eszterom, where Saint Stephan was born, or Eger, the place of the first Benedictine Orders.
Traditional Hungarian cuisine relies on high quality ingredients, meats, sausages, seasonal vegetables, fruits, honey, garlic and paprika. Hungarians are not great fish eaters.

Hungarian cuisine is spicy and influenced by the availability of locally grown agriculture products. The most famous dish is Hungarian goulash. Bread is a staple food, eaten at breakfast, lunch and dinner.

Common ingredients in Hungarian cooking are paprika, lard, butter, eggs, vinegar and pickled foods, apricots, prunes, poppy seeds, sour cream, walnuts, hazelnuts, smoked bacon, cabbage, tomatoes, potatoes, pork, beef and garlic. Paprika is used in many Hungarian foods and more traditional recipes - but it doesn’t always mean that a dish will be very hot and spicy.

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

Couples can rely on each other for support which put a lot of stress on elderly carers. Respite care is accessed very rarely. In many cases, carers who would accept respite or other support services are not able to do it due to resistance by the person they care for. Carers are also reluctant to use residential respite to have a break because it is perceived by family, friends and community as “neglect” of their elderly.

The western model of healthcare is generally well accepted by Hungarian people. However, in the case of end stage terminal illness, Hungarians are reluctant to accept palliative care, as this is perceived as a sign of imminent death. It is traditionally expected that the diagnosis of a terminal illness is communicated to the family rather than to the person concerned. Hungarians believe that openly telling a patient they have a terminal illness may negatively affect their attitude to treatment and cause a loss of will to live. Generally, Hungarians expect that medications are the most effective form of treatment. The administration of morphine, as part of pain management, is seen as sign of an inevitable end. It is often deferred until as late as possible in the treatment process.

Hungarian people believe it is important for relatives to be with a person who is dying to provide emotional and spiritual support to them and their family.

Hungarians greatly fear death. Family and friends prefer staying with the dying person and a priest is usually called to administer ‘Last Rites’. In addition to traditional in-ground burial, cremation, with special places to put funeral urns, has been widely practiced by Hungarians. Dark clothes are worn traditionally at funerals as a sign of mourning.
In the early 19th century a small number of Indians arrived in Australia as convicts transported by the British Colonial Government in India. Others arrived as labourers or domestic servants with British subjects who had been living in India. A few Indians came to live and work in Australia under the indentured labour system in the 1830s but returned to India after the completion of their contracts. Others came as camel drivers and some as itinerant merchants or hawkers.

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

In the 1890s nearly 250 workers from Punjab were working in the sugar cane fields in Queensland. Others worked clearing bushland and establishing pastures for sheep and cattle. Later some moved south to the New South Wales north coast, continued farming, established communities and built Australia’s first purpose-built Sikh temple in Woolgoolga. At the beginning of the 20th century, there were around 6,500 - 7,000 Indians living in Australia.

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

In 1950 Australia joined the ‘Colombo Plan’ which brought
Asia and the West together at a time of great political and economic uncertainty. Some thousands of Asian students, including many from India, were sponsored to study or train in Australian tertiary institutions. Some of these students settled in Australia diversifying the Australian Indian community.

In 1966 Australia signed the ‘International Convention on the Elimination of all forms of Racial Discrimination’, and a subsequent review of the immigration policy substantially weakened the White Australia policy. The 15 year residence requirement for non-Europeans to gain citizenship was reduced to 5 years and a new period of immigration began.

After the end of the ‘White Australia Policy’ in 1973, Indian migration to Australia accelerated and professionals such as doctors, teachers and engineers, some of whom initially accepted work in regional Australia, came with their families. Since the 1980s large numbers of Indian software professionals also began arriving in Australia.

The community of nearly 400,000 Indian Australians contribute to the greater Australian community in their roles as teachers, doctors, accountants, engineers and researchers as well as farmers and other urban and rural roles. There are also about 36,000 Indian students currently studying in Australian universities. A number of Australian and Indian universities have entered into formal agreements involving student and staff exchanges, academic research and joint degree programs.

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

Among them are Punjabis, Gujaratis, Bengalis, Tamils and Anglo-Indians, all with their own languages.
Some Indian customs include that women do not wink or whistle as such behaviour is considered unladylike and whistling is impolite. Grasping one’s own ears expresses repentance or sincerity, one’s feet or shoes should not touch another person, and if they do, an immediate apology is necessary.

It is not proper for the bottom of one’s foot or shoe to point at another person. Beckoning is done with the palm turned down, and pointing is often done with the chin.

A person must cover their head when entering a Sikh shrine. India’s constitution proclaims the country to be a secular state, which is particularly important in a society of such religious diversity. India is the birthplace of Hinduism, Buddhism, Jainism, and Sikhism - all of which believe in reincarnation.

Although Islam has come to India from Arab countries, much Islamic research has taken place in India and there are many Islamic institutes and Madrassas in India. India is also the adopted home of most followers of Zoroastrianism. About 80% of the population are Hindu. Hinduism is extremely diverse, polytheistic, rich in ceremony, and associated with the caste system. Although Hinduism lacks an authority structure, it does have clearly defined beliefs regarding the purpose of life. The caste system dictates that individuals must work their way up to the highest caste through reincarnation before they can exit life on earth to a better existence. Below the fourth caste (labourers) are the ‘untouchables’, with whom other Hindus are to have no contact. They are usually poor and powerless. The caste system has been constitutionally abolished but continues to be practiced. It limits social and economic mobility for millions of Indians, and maintains the status of the privileged few. Almost 12% of the population are Muslim, 2% practice the Sikh religion, less than 3% are Christian.
Eating habits vary sharply between traditional and modern settings. Modern (most often urban) families will eat together and follow many Western customs. Traditional families may use the right hand instead of utensils for eating their food. Also, women may eat after other members of the family and any guests. Diners might drink from a communal cup; if so, the lips never touch it.

A gesture of namaste can indicate one has had enough to eat. Some Hindus object to having their food handled by members of lower castes.

Foods vary widely, depending on the culture and region of origin. For example rice is a staple in the south, while wheat bread (roti) is the staple in the north. Indian meals are usually very spicy. Different types of curry (eggs, fish, meat, or vegetables in a spicy sauce) are popular.

Vegetarianism is widely practiced, often for religious reasons. All castes have different food laws and customs, as does each religion. The Hindus consider cows to be sacred and will not eat beef or even use anything made of leather. Muslims do not eat pork and don’t drink alcohol.

Muslims eat Halal food, which means in the case of meat, the animal has to be slaughtered in the name of Allah.
Older people are respected for their wisdom. They are viewed as authoritative figures. Looking after parents is considered *punya*, or earning merit in the afterlife. There is also a belief in the need for interaction with the elderly to transmit traditional values such as sharing, caring, and patience to the younger generation.

Old age is regarded as a period of “rightful dependency” with the support of the extended family, and in particular adult sons. The elderly remain active, just with different activities.

Old age often involves a movement toward greater spirituality and religious involvement and less household obligations.

Most Hindus choose to dispose of a person’s body through cremation — usually within a day of the death. In Hinduism, death applies only to the physical body and the soul, which truly represented the person, has departed or detached. The body has no significance and, therefore, no attempt is made to preserve it, and on the 4th day the ashes are dispersed in a sacred body of water or other place of importance to the deceased person.

Hindu funeral rites will vary among families and locations, but some common customs include; mourners at a Hindu funeral wear simple, white, casual clothes, a priest or oldest son (or other male) of the family usually presides at the service, often prayers and hymns are said and sung and lots of flowers are placed on the body. Flowers can also be sent to the family or funeral home before the service — don’t bring the flowers with you to the funeral and sending food is inappropriate. Caskets are open, and all mourners are expected to quietly view it.
Many families celebrate the departed life on the 12th or 13th day after the funeral.

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

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

These are, kesh (uncut hair), kirpan (a Sikh knife that represents compassion and one’s task to defend the truth), kara (a stainless steel bracelet) kachera (special Sikh underwear) and kanga (a small comb).

A small ceremony takes place at a funeral home before the cremation. To start the service there is an ardas or community prayer. The minister may offer prayers. There are two daily prayers that are said by the Sikhs which are Japji and Kirtan Sohila. After those are recited, the cremation begins.

When these are recited the funeral is considered finished but they may be repeated throughout the cremation.
Between the 1870s and 1940s, Indonesians were recruited to work in the pearling industry in Western Australia and the sugar cane industry in North Queensland.

With the introduction of the ‘White Australia Policy’ in 1901, many of these workers returned home.

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

During World War II, the Dutch East Indies Government-in-exile settled in Australia. It brought with it around 4,500 Indonesian refugees, most of whom were repatriated after the Japanese surrender.

From the late 1940s to the mid-1960s, over 100 Indonesians arrived each year. From the early 1950s Australia also accepted Indonesian students under the Colombo Plan. As restrictions on the entry of non-Europeans eased in the late 1960s, more Indonesians settled in Australia.

The Census of 2011 recorded 63,160 Indonesia-born people in Australia. NSW had the largest number with 26,834.
Traditions and Religion

The 2011 Census recorded the major religious affiliations amongst Indonesia-born were Catholic (16,825), Islam (12,241) and Buddhism (6480).

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

17 August is Indonesian Independence Day.

The most important religious festivals in Indonesia are:

Waisak Day - this is a Buddhist festival held in May that celebrates Buddha’s birth, death and gaining of wisdom.

Galungan - this is an important festival in Bali. The day it is celebrated changes depending on the Hindu calendar. This festival honours ancestors and people travel home to their families to make offerings and pay respects.

Nyepi - Balinese New Year. This festival is also based on the Hindu calendar and differs from New Year celebrations in Australia.

Ramadan - this is the 9th month of the Islamic calendar and during this month Muslims do not eat or drink while there is sunlight. This is a time to focus on prayer and faith. In the evening families have small meals and visit friends. It is the holiest time of the year for Muslims.

Eid al-Adha - this is the feast that immediately follows Ramadan where Muslims enjoy food together and ask each other for forgiveness for any wrongs they have done throughout the year. This festival lasts for three days and many people travel to be home with their families.

Easter and Christmas are also celebrated.
The cuisine of Indonesia has been influenced for centuries by the Chinese, European and Indian culture. Most native Indonesians eat rice as the main dish, served with a wide range of vegetables and meat as side dishes. Indonesian dishes are usually spicy, using a wide range of spices, notably chilli peppers and coconut milk.

Many Indonesian traditional customs and ceremonies incorporate food and feasting. One of the best examples is *tumpeng*. Originally from Java, *tumpeng* is a cone shaped mound of rice surrounded by an assortment of other dishes. Traditionally featured in selamatan ceremonies, the cone of rice is made by using bamboo leaves woven into a cone-shaped container. Another Indonesian feast, the *Rijsttafel* (from Dutch, meaning ‘rice table’), demonstrates both colonial opulence and the diversity of Indonesian cuisine.

The classic style *Rijsttafel* involved the serving of up to 40 different dishes by 40 male waiters; the waiters are typically bare foot and dressed in formal white uniforms with *blangkon* (traditional Javanese caps) on their heads and batik cloth around their waists. Indonesians generally dress-up for special occasions wearing traditional costume - *kain batik* and *kebaya*.
Traditional aged care is seen as the responsibility of the family. Generally speaking, most Indonesian families are close and work hard to help each other. Indonesians feel a sense of responsibility towards their families especially their elders. They are expected to look after their parents in old age, however, demands on modern families can make caring for an elderly loved one difficult.

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

Family and spiritual leaders are involved in caring for the dying person.

The rituals surrounding death and dying are often closely linked to a person’s beliefs or religion. For people of Catholic faith, one of the main rituals performed at the time of dying is the administering of the last rites. Muslim burials are performed as soon as possible after death, sometimes on the same day.
Since the 1991 Gulf War, thousands of Iraqis have found refuge in Australia. The total population is estimated to be as high as 80,000.

Australia’s Iraq-born population includes Kurds, Assyrians, Armenians, Mandeans, Turkmens and Jews.

The first year in which the Australian Census of Population and Housing recorded the Iraq-born separately was 1976, when the population was 2,273. By 1986, the population had risen to 4,516. By the end of the Gulf War in 1991, it numbered 5,186, mainly in NSW and Victoria.

Many recent arrivals have entered Australia under the Special Humanitarian Program.

The Gulf War and the uprisings of the Shi’a and the Kurds in Iraq resulted in a large increase in the number of Iraqis coming to Australia after 1991. Iraqi immigration to Australia peaked between 1992 and 1995. Some refugees lived in processing camps for up to 5 years before being accepted into Australia under the Special Humanitarian Program. During this period the visas of around 400 Iraqis living in Australia were extended until the end of the Gulf War.
Islam is the recognised religion of Iraq, and 95% of the people practise Islam. There is no distinction between church and state. The two forms of Islam in Iraq are the majority Shias (Shiites), and the minority Sunnis. The Sunnies are considered the orthodox branch of Islam. A small percentage of Iraqi are Christian.

Some customs include:- The sole of the foot should never point toward someone, and crossing the legs is generally not considered polite when facing someone.

The majority of Iraqis speak Arabic, with variations in dialect according to region. Formal Arabic is spoken by educated Iraqis and is the written language. Other languages spoken include Chaldean, Armenian, Syriac, Turkish dialects, Kurdish and Persian. English is the most widely used foreign language and is taught in Iraqi schools.
Women are expected to eat in a different area. They also are expected to serve the men their meal. Food is prepared in abundance for guests. The right hand is used for eating. Food can be eaten in the hand, although spoons are now more commonly used.

Devout Muslims do not eat pork, and eat only halal meat. The Iraqi diet is based around rice, unleavened bread, meat dishes and stuffed vegetables. Strong coffee or tea is served often before meals. The main meal is usually mid-afternoon.
Iraq communities have a high regard for their older people and the family will look after them at home if possible. Respite care, residential care and hospitals are acceptable to many, although they will be most concerned if the older person in care, has little or no English.

A medical diagnosis should be given to the closest family member of the elderly person. Families may not want their family member to be told about life-threatening illness or disease as it is felt that such news may exacerbate the condition. Patients and their families may wish to be treated by members of their own gender.

Muslim clients will also need to be supported to perform their 5 daily prayers (perhaps requiring orientation of their bed to face Makkah) and ablutions (in private, for example) if they express a wish to do so.

Funerals are very simple and sombre events. People are buried on the day following their death, and are wrapped in a white cloth and placed in a plain box, if available. Whether the person is rich or poor, funerals are generally the same for everyone.

Cremation is forbidden for Muslims and Coptic Orthodox. There are also strong beliefs about the handling of the deceased, timing of burial and autopsies.
As at the 2011 Census, Italians were the largest group of older Australians born overseas and numbered 185,402. They have long since played an important role in Australia’s history.

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

Between 1951-1968, over 42,000 Italians arrived under this scheme.

By 1971 the Italy-born population of Australia had increased to 289,476. By 2011, this figure had reduced to 185,402. However, 916,100 Australians identified themselves as having Italian ancestry.
In Italian culture the family is highly valued and forms an integral part of the social and community fabric. Religion plays an important role in daily life and Italians are predominantly Catholic.

Older women usually enjoy cooking, handicrafts and gardening – men often like playing cards, discussing politics, and watching sport, particularly football (soccer). Older Italian Australians also love music, movies, popular singers and folk dancing.

There are many festivals and holidays celebrated by Italians in Australia, particularly religious festivals such as Christmas (Natale), Easter (Pasqua) and many Saints’ Days. Italian religious artefacts are predominantly Catholic and include crucifixes, rosary beads, and statues of ‘La Madonna’ and many other saints. Postcards of the native Italian village church and patron saint are also significant.

Older Italians will often dress their best on a Sunday, especially if attending mass.
Italians are famous for their love of food and for their cuisine. Preferred foods are pasta, soups, broth, fish, meat, salads and fruit and dairy-based sauces are common place in Northern Italy. Polenta (made from cornmeal) is also a common dish in the north.

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

Some Italians observe religious/cultural customs before meals such as saying a prayer or crossing themselves (making the sign of the cross). Almost always Italians will wish everyone Buon appetito (have a good meal).

In Australia, Italians will typically have their main meal at dinner time, which might include pasta followed by a second course of meat, poultry or fish and salad.

Older Italians often enjoy a glass of red wine with their meal and many like to end the meal with a piece of fruit. Many also enjoy an authentic espresso coffee after the meal. Sharing morning or afternoon coffee/tea with friends and family is also an important routine maintained by many Italians.
Families often try to “protect” their sick family members by withholding information and diagnosis in order to maintain a sense of hope, especially in cases of serious illnesses such as cancer or other terminal conditions.

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

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

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

Treatment at home is preferred but hospital or hospice is increasingly becoming acceptable. Family-centred care is always preferred and the family needs to be involved at all stages of decision-making.

The strong Catholic beliefs of the Italian community leads many to reject the concept of euthanasia. Many families might not be aware of the issues in ‘planning ahead’ including awareness of guardianship, organising power of attorney and wills.

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

The “Rosary” is recited over the dead body and a full church service is held followed by burial in a cemetery. Emotions are openly displayed and mourners traditionally wear dark colours and have an opportunity to throw a flower on the casket as a final goodbye. Elaborate headstones and caskets are often regarded as fitting tributes.
A small number of Koreans arrived in Australia between 1921 and 1941, primarily to seek further education opportunities.

After the Korean War from 1950-53, many Korean women came to Australia as war brides and children as orphans, who were adopted by Australian families.

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

In the early 1970s, about 1000 Koreans arrived each year for short-term stays (mostly as students) and around 100 arrived for permanent residence. Some of these new arrivals subsequently sponsored family members for migration.

Between 1976 and 1985, around 500 Korea-born immigrants arrived each year for short-term stays (mostly as students).

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

The latest Census in 2011 recorded 74,538 Republic of (South) Korea-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst the Republic of (South) Korea-born were 16,712 of Catholic, 16,113 Presbyterian and Reformed and 7,531 Uniting Church.

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

Korean people are very proud of their achievements but are usually very modest when speaking about themselves. Reluctance to accept honours and praise is the mark of good manners and compliments are graciously denied. Koreans are quick to make friends and friendships are highly valued.

Giving gifts as a means of obtaining favours is common, especially in the workplace, and accepting a gift carries the responsibility of reciprocity. Open criticism and public disagreement are considered very serious because it is not proper to damage another person’s reputation. Because of respect for the feelings of others, Koreans may withhold bad news or adverse opinions or express them in an indirect way. Touching between strangers or casual acquaintances, especially between opposite sexes, is considered inappropriate.

Koreans follow traditions of religious affiliations they belong and also secular holidays.
Korean cuisine is largely based upon rice, vegetables, and meats. Traditional Korean meals are noted for the number of side dishes (ban chan) that accompany steam-cooked short-grain rice. Kimchi is served often, sometimes at every meal.

Commonly used ingredients include sesame oil, doenjang (fermented bean paste), soy sauce, salt, garlic, ginger, pepper flakes and gochujang (fermented red chili paste).

Eating with fingers is considered impolite, but slurping soup and noodles is accepted.

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

Housekeeping was regarded as a women’s role and most senior daughters-in-law were expected to care for disabled older people. Often all members of the three-generational household share the work of a collective family business, farm or shop.

Attitudes towards death and dying in elderly Korea-born people varies, some elderly people are highly dependent upon religion and like to rely on God and a minister. Science-adherent elders have great affection for life and believe in modern medical advancements. Other elders regard death as the dispensation of nature so there is no need to be afraid of dying.

Funeral rites are performed according to religious affiliation.

Traditionally, funeral rites adhered to strict Confucian norms delineating clear and fixed hierarchical lines between the genders. For example, women were restricted from entering or witnessing a dying male relative; likewise, men were not permitted to observe the last moments of a female’s life, regardless of the relationship.
Lebanese migrants have been settling in Australia from the mid-19th century. By the 1880s sizeable numbers of Lebanese were living in Sydney, Melbourne and Adelaide.

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

At the turn of the 20th century many Lebanese had settled in and around the Sydney suburbs of Redfern, Waterloo and Surry Hills. Some established retail and warehousing businesses and factories which prospered and provided employment for the newly arrived. Churches and other places of worship soon followed. An area centred on Elizabeth Street in Redfern became the economic and social hub for the community. The area became known as Little Syria and later Little Lebanon.

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

This new federal legislation effectively halted substantial Lebanese immigration because the Syrian/Lebanese were officially classed as Asiatics, until there was some relaxation of the policy in the 1920s. Relaxation of ‘White Australia Policy’ regulations affecting Syrian/Lebanese in the early 1920s and a famine in Lebanon saw a second wave of immigration. Thousands arrived in Australia before the disruptions caused by World War II halted immigration. By 1945 almost every rural and urban centre in NSW had at least one Lebanese
small business, and in many of the larger towns, small discrete communities of Lebanese appeared and they created a network of rural businesses.

**Traditions and Religion**

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

Pointing or beckoning with the index finger is impolite. To beckon another person, all fingers wave with the palm facing down. Objects are not handed to another person to hold, as this implies servant status. A closed fist should never be waved in the air. For many, it is offensive to pass or receive objects with the left hand. The right hand or both hands should be used. Knees may be crossed, but crossing an ankle over a knee risks offending any person toward whom the bottom of the foot is pointed. The soles of the shoes or feet should always face the earth and never another person. Eye contact is important. Men never curse in front of women.
Unspoken rules of hospitality require the host to make guests feel completely welcome.

Offering food is one way to do this and Lebanese hosts will insist that their guest eat, even if the guest refuses the food initially. It is often customary to refuse an offer a couple of times before accepting it, and the host assumes the offer will eventually be accepted. Guests should at least try the food, but they can politely decline a full meal or more refreshments without offending the host. It is not appropriate to discuss business during a meal.

The main meal of the day is eaten between noon and 3.00 pm. This meal may last two or more hours. Various stews are Lebanese specialties. The cuisine is often spicy. But because of the warm climate, many dishes are also light and vegetarian. A traditional meal for special occasions is the Meza. Kibbeh is a popular beef dish that can be baked, fried, or eaten raw.
A predominant view is that after a certain age, the approach to older adult care is one of expectant management, pending the eventual outcome of death. Moreover, a displacement of decision-making occurs where family members often adopt a paternalistic approach and replace older adults in assuming responsibility for family issues, including health-related decisions. The lack of involvement of elderly individuals in decision-making may result in them feeling a sense of useless and lacking motivation. The intention is usually benevolent but may lead to depression and accelerated ageing in the older person.

Older adults can sometimes feel that they have become a burden to their families, both physically and financially.

They may isolate themselves and refrain from sharing their symptoms and concerns with family members.

Funerals are usually very elaborate; people are encouraged to express their feelings of loss openly and to follow funeral processions.

All the religions in Lebanon place much emphasis on the afterlife. Individuals are constantly exhorted to live righteous lives in the present, which will allow them to enter a beauteous paradise when they die.
Macedonians first came to Australia in the early 20th century as *pechalbari*: men who came seeking fortunes with the intention of returning home.

Many decided to settle, however, and travelled the countryside looking for work as itinerant labourers. Others established market gardens or small businesses in both rural and city areas. Members of this first wave of immigrants sponsored the immigration of family members, many of whom had lived through the civil war that ravaged Aegean Macedonia (Northern Greece) in the late 1940s.

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

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

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

The latest Census in 2011 recorded 40,223 Former Yugoslav Republic of Macedonia-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst FYR of Macedonia-born were Eastern Orthodox (34,844) and Islam (2511).

The religion practiced by most of the people identifying themselves as Macedonians is the Orthodox Christian Religion. Religion and the church play a big role in Macedonian people’s lives. Macedonians usually like to have church services conducted for their weddings, christenings and funerals.

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

Macedonian cuisine includes:- bread, homemade pastries - zelnik, banica, burek, filled with cheese, spinach or meat, capsicums, chillies, beans, potatoes, all kind of meats; Ajvar, (a red pepper relish), kebapi; polneti piperki (stuffed capsicum usually filled with rice or rice with meat), pita, malidzano, (an eggplant spread); musaka; pindzur, (a spicy vegetable relish) and stuffed pickled cabbage rolls.

Traditional Macedonian desserts are palačinki (crêpe), kompot (compote), lokum and baklava.

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

Macedonian traditional folk costumes are usually worn just at cultural celebrations. In the past, they were worn regularly in the villages. Each area in Macedonian has its own unique traditional costumes.
Sons are expected to care for aged and sick parents and families generally delegate shifts in this role.

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

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

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

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

Immediately after death, family will sit by the side of their deceased family member until it is time for transportation to the morgue.

The body of the deceased can be handled without significant restrictions, usually cleaned and formally dressed for the burial, cremation is usually not preferred.
Immigration from what is today known as Malaysia first began during the mid 19th century, with many finding work in the pearling industry. Others worked in South Australian mines, agriculture and in the cane fields of Queensland. Despite the high demand for Malay workers in Australia, the introduction of the Immigration Restriction Act in 1901 severely curtailed the growth of this community.

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

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

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

The largest number of Malaysia-born immigrants arrived in Australia after 1981, under the Family Reunion Program or as skilled or business migrants.


Cantonese (26%) and English (29%) are the two most common languages spoken at home followed by Mandarin (25%).
Malaysians may be influenced by or practice a variety of beliefs due to the diversity of their ethnic backgrounds.

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

Traditionally, the family system is the most important social unit in Malaysia. It is common for two or more generations to live together in the same house. Cooperation, loyalty, and unity are important in the family.

‘Saving face’ or not being publicly embarrassed or causing shame to the family is important to Malaysian-born people. It is important to conform to family and societal norms.

The family is the core social unit and is traditionally hierarchical and patriarchal in structure.

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

Malaysian-born people highly value emotional self-control. Arguments or disagreements are kept to a minimum.
Eating customs differ among ethnic Malay groups. Malays and Indians eat with their hands and with spoons.

Some cultural groups refrain from eating certain foods. For example, Muslims do not eat pork or drink alcoholic beverages. Hindus and some Buddhists do not eat beef.

Due to Malaysia’s cultural diversity, a wide variety of foods are eaten. Rice is the dietary staple and fish is the main source of protein. Spiced foods such as hot peppers (chillies) are also widely eaten.
Traditionally in Malaysia, children and family members care for their elderly.

There is a respect for and a sense of duty towards elders and parents.

Malaysians view age positively and age is seen as a sign of wisdom.

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

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

Central to all Malaysian funerals, is prayer, both at home and in houses of worship.

Like other customary rituals held in Malaysia, funerary practices are influenced not only by culture, but religion as well. Buddhists, Christians, Hindus and Muslims have very different ways of caring for their deceased and preferred burial methods also differ. The two most common burial methods in Malaysia are burials and cremations, while the final resting place is typically a community burial ground or a memorial park, although some families opt to scatter the ashes of their loved one into the sea.
The first organised migrant group arrived in 1883 when 61 Maltese labourers were recruited to work on the sugar plantations in Queensland. Many of these migrants returned to Malta because of the harsh working conditions they experienced.

Migration from Malta to Australia gradually increased after 1905. The 1911 Australian Census reported 248 Malta-born residents. Between 1911 and 1919 a further 2000 migrated. The 1933 Census recorded 2782 Malta-born in Australia.

Immigration from Malta increased after 1944, when Maltese migrants were classified as “White British subjects.” In 1948 the Maltese were offered assisted migrant passage to Australia.

Most of the Maltese migrants who came in the 1950s were semi-skilled or unskilled workers.

According to the 2011 Census there are about 41,274 Malta-born people in Australia.
Traditions and Religion

Most of Malta–born people are Catholic. Based on 2011 Census the major religious affiliation amongst Malta–born were Catholic with 37,817 and Anglican with 413.

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

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

Catholic Maltese have a strong devotion to the Rosary. During the Second World War, while Malta was being heavily bombed, the Maltese people, led by the clergy, took refuge in shelters and prayed the Rosary. The Maltese attribute the entry through the Grand Harbour of a ship full of provisions, which saved the islanders from starvation, on the feast of Mary’s Assumption on August 15, 1941 to this prayer.
Maltese cooking is influenced by Italian, North Africa and the Eastern Mediterranean and has much in common with its Sicilian neighbours.

Pastizzi are popular finger food, they are pasties filled with ricotta cheese, pea, meat or anchovies and is the best known culinary export of Malta.

A heavy meal includes pasta, meat and vegetables, and dessert or fruit. Occasionally, a small bowl of soup called minestra begins the meal. Lampuki pie is a seasonal pastry-covered fish casserole containing spinach, cauliflower, chestnuts, and sultanas.

Stuffed octopus, squid, and cuttlefish are served with tomato sauce, while a roulade of beef known as bragoli is served with gravy. Stuffed poultry and baked pasta dishes are common.

Rabbit stewed in wine is a specialty, often served with pasta as a first course and lamb is eaten at Easter.

Figolli are almond pastries cooked for Easter and they cut to represent symbolic figures.
In general, there is strong family involvement in the care of the elderly and it is expected they will be cared for by their children and family members. The elderly are traditionally cared for at home and most rely on family for support.

Death and Burial Practices

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

One of the oldest traditions is the practice of placing salt on the stomach of the deceased, known as being “salted for the pit.” Prior to the funeral, the body is kept in the family’s house. Maltese people traditionally cover all mirrors in accordance with the traditional belief that mirrors are supernatural portals for spirits. Burial practices and ceremonies are conducted in accordance with the Catholic religion. The night before the Rosary is held and the body is viewed. In the following days a mass is held and friends accompany the family to the cemetery.

It is common to pray for the souls of the departed to assist those in Purgatory, and family members openly discuss the kinds of graves they are considering buying. A sharp distinction is made between a common grave and a family grave, which is considered more honourable.
In the post-war period, Many Filipinos came as students under the Colombo Plan and remained in Australia. In 1966 an immigration reform allowed well-educated non-Europeans to migrate to Australia which saw a small number enter Australia.

A large influx of Filipinos entered Australia during the 1970s as brides sponsored by Australian male residents. This was generated by the final demise of the ‘White Australia Policy’ and the declaration of martial law in the Philippines in 1972.

The Australian Filipino population doubled every five years from 1966 until 1991.

From the mid 1980s to date, skilled migrants and family reunion have been the major features of Filipino migration.
The Philippines is unique among Asian countries because it is the only nation that is predominantly Christian. Approximately 83% of the population belong to the Catholic Church, 6% belongs to the Philippine Independent (or Aglipayan) church, and 3% belong to various other Christian churches. The Muslim people, called Moros, live mainly on the southern islands, particularly Mindanao. A number of Buddhists also live in the Philippines.

Filipinos have been influenced by the Chinese, Malay, Spanish, and US cultures. Although casual and fun loving, Filipinos are sensitive people. Insincerity is easily detected and can ruin a relationship. Individualism is less important than the family. Interdependence is more important than independence; a family member will often sacrifice personal goals or desires to help the family or another family member. In general, Filipinos have a more relaxed view of time and may not always begin meetings or appointments promptly. Gratitude and saving face, is paramount to Filipinos. Fatalism is a common attitude. Success may also be attributed to fate rather than ability or effort.
Conversation is casual during meals. The best way for a guest to compliment a meal is to eat heartily. A small portion is left on the plate to indicate the person has had enough to eat.

Rice is the staple food in the Filipino diet. It is prepared in a variety of tasty ways and is often included in desserts as well as main meals. The primary source of protein is fish, which is accompanied by a variety of vegetables and tropical fruits.

The traditions of Chinese and Spanish cuisines have been assimilated in the Philippines and made Filipino, with variations across different regions.

Some Filipino dishes are: Sinigang (a slightly sour soup made with meat or fish and a range of vegetables); Nilaga (meat bones simmered for a long time until tender and garnished with a range of vegetables and condiments); Adobo (a stew) and Lugaw ng Manok (a dish inherited from the Spaniards). This dish is a rice soup with chicken, spring onions and chilli leaves, sautéed in ginger, onions and garlic and seasoned with fish sauce and salt.
Filipinos generally seek their families to look after them when they are sick or when they are no longer able to live at home. Separation from families by moving to a hospital or residential care facility, can be very difficult. Visits by relatives, close friends and church friends are very important at this time. The latter are considered to be apart of the extended family.

Death and burial rights include a broad range of practices among Filipinos. Friends will come together at varying times over several days until the eve of the funeral to make the wake a most memorable one. Viewings are acceptable to some families, but not all.

The families and friends look for emotional support at this time from all who are around them, including staff in facilities. Priests and Ministers of religion are important parts of these rites of passage as are church services, prayers and masses for the departed.
Polish immigration to Australia began in the 19th century and the largest group (63,000) arrived as refugees between 1947 and 1954.

Post World War II those that immigrated were usually ex-servicemen, prisoners of war and survivors of Nazi concentration camps, and forced camps labourers. In Australia, they worked under 2 year contracts and many were employed on the Snowy Mountains Hydroelectric Scheme. This wave of migrants can be characterised as torture and trauma survivors.

Almost 15,000 Poland-born people came to Australia between 1957 and 1966 as refugees, fleeing the communist regime. The emergence of solidarity and martial law in Poland brought another influx of Polish refugees. During 1980-91, 25,000 Poles settled in Australia. These people were different from earlier immigrants as they were mostly young, educated and married and they often brought their elderly parents to Australia.

The Poland-born population of Australia peaked at 68,500 at the 1991 Census. Since then, the improvement in living conditions in Poland and its eventual membership in the European Union in 2004, have significantly reduced the levels of Polish migration to Australia.

The latest Census in 2011 recorded 48,678 Poland-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Poland-born were Catholic (36,121) and Judaism (2,304). There are also some Eastern Orthodox, Protestant, Seventh Day Adventists and Jehovah Witnesses.

Most elderly Poles regularly attend mass in Polish Catholic Parishes. Polish priests and nuns provide pastoral care and support in people’s homes and aged care facilities. Polish customs and traditions are closely linked with European culture and evolved around Catholic religious festivities. Significant holidays and traditional celebrations include: Lent and Easter, when blessing of food and painting eggs is widely practiced.

In Polish tradition, name days (imieniny) are more important than birthdays and widely celebrated. The Polish calendar contains the names of saints and number additional names celebrated each day. Name day celebrations traditionally involve a gathering of friends and family at the celebrant’s home at the dinner table, followed by drinking and socialising, similar to birthday celebrations.

The most popular religious worship is connected with the painting of “Our Lady of Częstochowa” called “Black Madonna”. The rosary, picture of the “Black Madonna” or Christ and a photo of the Polish Pope, John Paul II are displayed in many Polish homes.
Polish cuisine is similar to Eastern European and other European cuisines. Poles are potato and meat eaters. On Fridays most Catholic Poles eat fish or other meat substitutes like buckwheat, barley or dumplings.

Bread, preferably sour dough rye is served with most meals. Every day staple foods include potatoes, cabbage (fresh and sour) and small goods – sausages, ham and meat: (pork, chicken and beef).

Black tea with lemon and sugar or honey and herbal teas are the most popular drinks.

Some popular dishes are beet root soup (*barszcz*), cabbage rolls (*golabki*), dumplings (*pierogi*), doughnuts (*paczki*), pork rissoles (*kotlety*) and bigos (*sauerkraut*).
Traditional family values and loyalty are very strong in most Polish households. The elderly play an active role in helping rise grandchildren and it is traditionally accepted that children will look after their parents.

Families often consider it a moral obligation to care for their loved ones at home and they are reluctant and feel guilty about placing them in aged care facilities. Most Polish elderly prefer to stay in their own homes for as long as possible, regardless of their health status and financial circumstances, so often they resist seeking help until crisis point. This is a result of unwillingness to lose their independence and self-sufficiency and a sense of embarrassment at having to seek help from outsiders.

Amongst elderly members of the Polish community in Australia there is a high proportion of childless couples, single aged men and widows. In general, the Polish elderly are often socially isolated due a general lack of chain/familial migration and family reunions. In addition, due to the ageing of the population, existing community support structures either disintegrate or are no longer accessible as people’s health deteriorates.

Polish migrants who came here after experiencing the horrors of war were often teenagers and young men and women forced into Nazi work and concentration camps. These people experienced violence and trauma. This environment can profoundly affected them. War or war related experiences are usually rarely spoken about.
In many Polish families, especially those who arrived in Australia after WWII, there is a clear division of roles between husband and wife. There are also strong cultural expectations of women to be “caregivers”.

Traditionally, the diagnosis of a terminal illness would not be communicated to the person concerned but rather to their families who then decide when and how, if at all, to convey it to the patient. Some may believe that if the prognosis is communicated to the patient he or she may lose hope and will to live.

Polish people can at times display stoicism towards pain and may suffer in silence.

Some people turn to self-management, seeking homeopathic remedies, changing their lifestyle and eating habits.
Most Poles have a stoic acceptance of death as part of the life process. At the time of death most Polish Catholics, even those not regular church goes would wish to see priest, receive Holy Communion and the Last Rites. Funeral customs are determined by the religious affiliation and wishes of the person or family.

Most people prefer burial and more recently some have accepted cremations. Graves of loved ones are visited at least yearly on All Souls’ Day, (1st November), when flowers and candles are placed on the graves.

At the funeral and during mourning black is commonly worn. Majority of Polish-born people do not display grief openly, suffer in silence and are reluctant to seek support from professionals.
Portuguese sailors explored parts of the North and Western Coast line of Australia, probably as early as 250 years before Captain Cook’s voyage of 1770. The Portuguese colony in Timor (only 475 kilometres from the Australian coast) was established in 1516 and small numbers of Portuguese-speaking settlers started to arrive to Australia in the 19th century.

By the time of the 1901 Census, there were 311 recorded Portugal-born in Australia.

In the 1950s the number increased slightly with the arrival of some immigrants from Madeira.

There was also an influx of migrants due to the return of troops following the end of the prolonged Portuguese colonial wars in Angola and Mozambique in 1974, and the return of expatriate Portuguese following the arrival of Indonesian troops in East Timor in 1975. The latest Census in 2011 recorded 5,328 Portugal-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Portugal-born were Catholic (13,200) and Jehovah’s Witness (208). Portuguese speaking people have a number of traditions and rituals that are celebrated according to their religious affiliation.

All Saints’ Day is an occasion for special reverence for those who have departed.

Many Catholic families attend the Midnight Mass (called Missa do Galo) on Christmas Eve. On 25th December, carolers sing Christmas carols (called Janeiras). People wish to each other Feliz Natal or Boas Festas, which means Merry Christmas. The festivities end on 6th January.

Portugal has a long tradition in celebrating Easter. On Good Friday almost all Portuguese Christians don’t eat meat. This fasting ends on the Saturday of Easter, with the traditional roast and festivities.
Portuguese cuisine varies greatly and depends on what area that person migrated from. A kale and potato soup generally flavoured with a slice of chouriço (spicy sausage) is popular.

Also popular is grilled sardines and a traditional bread of the northwest, broa, a grainy corn bread with a thick crust. The traditional wine is vinho verde. Fresh and cured pork, is used in a number of dishes and a stew of mixed meats and vegetables called cozida à portuguesa originated in the northwest and has become a national dish.

Cheeses are common and fish (including octopus, squid, and eel) is abundant. Other popular dishes are a form of gazpacho with bread and smoked pork and a pork and clam stew cooked in a cataplana (a tightly sealed steamer and

The traditional family meal on Christmas Eve is bacalhau with molho verde (a green sauce made with virgin olive oil), cabbage (couve), and boiled potatoes.

On the Twelfth Night, a bolo rei (kings’ bread) is served, often with a lucky coin in it.

Coffee shops are popular places to meet friends, talk business, and study. Various styles of coffee are served, each with a special name.
The family is the foundation of the social structure and the extended family is also quite close. The individual derives a social network and assistance from the family and loyalty to the family comes before other social relationships, even business.

Elders and senior members of the family should always be shown respect and treated with dignity.

There is a degree of ‘saving face’ in Portugal and family honour and loyalty is of the utmost importance, and should always be respected. It is very common practice for family members to provide care and look after their sick and elderly relatives.

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

The burial rites are conducted according to religious affiliation. Commonly burial is in local cemeteries, and family graves are well tended by living kin. Mourning is signified by the wearing of black; a widow will generally wear black for the rest of her life, while other family members remain in mourning for varying lengths of time depending on their age and relationship to the deceased.

Portugal is also characterised by various cults of death—for example, beliefs about souls in purgatory or incorrupt bodies. Such beliefs are not confined just to rural areas.
The first Pukapukan immigrated to Australia in 1969. After living in the Illawarra region for a year she then invited her extended family members in New Zealand to come and visit. Following their visit they decided to stay in the area as it is similar to the Cook Islands and they also saw potential employment opportunities at the then BHP.

These job opportunities led to other Pukapukan’s immigrating to Australia. By the early 1980s the group was formally organised and their community and its needs had adjusted easily into the Australian way of life.
Traditions and Religion

On the Island of Pukapuka there are three main religions – Presbyterian, Catholic and Seven Day Adventist.

Pukapukan traditions include weaving, carving and the Easter period always consists of a large celebration with singing, dancing and feasting.
The main food types are fish, taro, coconut and banana. In Pukapuka you have to gather your own food so you eat whenever you want. Traditional foods were made mainly from taro which was either grated, mashed, boiled or cooked in the ground. Locals learned to cook taro in many ways.

Their diet has changed, for the worse, with the introduction of Western highly processed foods.
The island of Pukapuka is very communal and everyone helps each other, but here in Australia, primarily immediate family attends to needs of the sick and elderly.

It is customary for grandchildren to look after their grandparents. If an elderly person has no children of their own, other members of their family take responsibility in looking after them.

An elderly person is respected in the community as they have been around for so long and the eldest person in the community is given a title “Wola”. They are acknowledged at functions and given a seat at the front.

Most elderly do not have to do any work if they so choose as it is the responsibility of the extended family to cook and clean for the elder in the family. An elder in the family has a major role when it comes to decision making.

There is usually five days mourning after someone has died and the body is always taken to the house of the immediate family so that everyone has an opportunity to say their goodbyes. It is traditional that during these five days, family members come and go throughout the day and night and relatives bring in food for the grieving family. Every night family members sit around singing songs of praise.

On Pukapuka the extended community are involved in the mourning process. This food is supplied to the immediate family so they can grieve.

In Australia, family members have a family service which is like a memorial service and this is then followed by a singing service. This service celebrates the life of the deceased and to rejoice that they are now in a better place, this is then followed by a large feast.

Every adult contributes to the funeral costs.
After World War I, the Kingdom of Serbia united with other Balkan territories to form the Kingdom of Serbs, Croats and Slovenians. The Kingdom of Yugoslavia was formally named in 1929. Yugoslavia was occupied by the Axis powers and temporarily dismantled during World War II, and large numbers of people fled.

There were three waves of migration with Yugoslavs one of the largest groups who came to Australia between 1948 and 1955 from Displaced Persons Camps in Europe. Many who came to Australia during this period were opposed to the newly-formed communist regime in Yugoslavia.

The second wave of immigration was due to the worsening economic situation in Yugoslavia, including high unemployment in the 1960s and 1970s. During this time many Serbian Australians sponsored migration of relatives as the agreement between the Australian and Yugoslavian government made the sponsorship process easier. Many people had been working temporarily in Western Europe, especially Germany, before immigrating to Australia. Between 1961 and 1971, the Yugoslavia-born population in Australia increased nearly three-fold.

Finally, the most recent wave of migration was in the 1990s by those escaping conflict in the former Yugoslavia.
Serbia is overwhelmingly Orthodox Christian, however there is a significant number of citizens that are Catholic, Protestant, Muslim, Jewish and many other.

Slava is the most important annual Serbian custom. It is a celebration of a family saint day, which is passed on from one generation to the next and friends and family gather in a festive spirit.

Serbians are proud of their history, diversity and rich cultural heritage. They are usually outgoing and value good humour and friendships. The people are generous, especially with guests.
Serbian food is rich in flavour and influenced by neighbouring European cuisines, such as Austrian, Italian, Turkish and Hungarian. Strong black coffee is served throughout the day. Lunch is the main meal of the day, and is commonly served at 3.00pm.

The Serbian staple diet relies on bread, fruit, meat, and dairy products, including yoghurt and cottage cheese.

Peppers are also a common ingredient in many dishes. Other Serbian specialities include a type of cornbread, proja; (a thin, crispy dough served with eggs and cheese called gibanica); cabbage leaves (filled with meat or sarma); palacinke or crepes, burek; (a layered breakfast pie made of cheese or meat), while krompirusa is a version made with potatoes.

Some other typical dishes are cevapcici, (kebabs of spiced minced beef); mesano meso, (a mixed grill of pork cutlet, liver sausage and minced meat patties with onions); and duvec, (grilled pork cutlets baked with spiced stewed peppers).

Salads are typically simple, consisting of peppers, onions and tomatoes seasoned with oil and vinegar.

In traditional Serbian society sometimes three generations live together, providing emotional and practical security. Older Serbs expect the family will take care of them at home. This sometimes creates family conflict as younger people may not be able to provide sufficient home care. Sending the elderly to aged care facilities may appear insulting to the family honour.

After WWII, most of the arrivals were men, consequently there is a higher ratio of ageing Serbian men in Australia. Many Serbian men never married and have no other option but aged care.
facilities. Elderly are respected, with many of them relying on family for support and care. In order to prevent a sense of abandonment and exclusion, family involvement is vital during times of illness. The concept of hospice and palliative care is not acknowledged in Serbia, where dealing with terminally ill people has been a family responsibility. In the Serbian Community, it is preferred that the terminally ill person dies in the family home. However, if the person is in palliative care at the hospital or aged care facility, family members make a constant effort to visit and care for them.

It is general practice for Serbian families to withhold informing the dying person of their diagnosis in an effort not to burden them. Serbian families prefer to be informed of the diagnosis before deciding whether to notify the ill person.

Death and Burial Practices

When a person is near death, a priest is often called to say a prayer against the person’s suffering and to hear their Holy Confession. The closest family members will stay by the deceased’s side immediately after death for a period of 24 hrs or until the body is transferred to the morgue. The concept of euthanasia is not generally well received in the Serbian community. However, it is ultimately an individual decision that some people may support. Organ donation is not common in the Serbian community as the Orthodox Church teaches that the body should remain whole at burial; exiting the world as it entered. Female mourners may wear black clothes for one year or longer. Men may sometimes not shave for forty days or longer and they might wear a black armband as a sign of mourning.

Given the importance of commemorating death and dying in Serbian tradition, often elderly Serbian people and their family would have discussed funeral arrangements. For those that belong to the Serbian Orthodox Church, burial practices and ceremonies are conducted in accordance with the Orthodox Religion, which does not allow for cremation. Many Serbian families want funeral arrangements to be made by specific funeral directors who are familiar with Serbian traditions.
The first Slovak migrant recorded in Australia was a Jesuit priest sent to Australia in 1888 to undertake missionary work in the Northern Territory and later in South Australia.

More significant numbers of Slovaks began to migrate in the late 1920s. In 1928, 160 Slovaks came to eastern Australia in search of work.

By 1939, about 350 Slovaks lived in Australia. This number increased to around 3,000 following World War II when many arrived as displaced persons.

In the late 1950s, more than 3,000 Slovaks from the northern parts of Yugoslavia were permitted to migrate and came to Australia.

After 1968 following the “Prague Spring” (Prague is the capital of the former Republic of Czechoslovakia), around 1,200 Slovaks with relatives or friends in Australia arrived.

During the Soviet occupation of Czechoslovakia around 6,000 immigrated to Australia from Czechoslovakia.

Since the democratisation of Czechoslovakia in 1989 and its dissolution into separate Czech and Slovak republics in 1993, there has been little migration of Slovaks to Australia.

The latest Census in 2011 recorded 3,939 Slovakia-born people in Australia.
At the 2011 Census the major religious affiliations amongst Slovakia-born were Catholic (2,318) and Lutheran (178). Slovaks are proud of their rich cultural heritage and value their national identity. They are friendly and open-minded people with a modern innovative outlook, while simultaneously having great respect for traditions.

Traditional dinner on Christmas Eve is prepared and even today many Slovak families must have on the Christmas table, garlic (to ward off demons), honey, wafers, nuts, cooked peas or French beans, dried fruit, and the main dish, cabbage soup with mushrooms and opekance - small pieces of dough - with poppy seeds and honey.

The most popular religious artefacts are connected with Catholic symbols and pictures of Holy Family and Saints are commonly found in elderly Slovaks homes.
Slovakian Community

Food and Diet

Slovak food is hearty, typical country style food. It is heavy on meats, especially pork, potatoes, dumplings, thick sauces and cheeses and vegetables, there is always cabbage, often in the form of sauerkraut.

A typical feature of Slovak cuisine is its regional diversity, with traditional dishes for each area such as pirohy - large ravioli, potato pancakes stuffed with savoury or sweet feeling, roast goose, and fruit dumplings.

Attitudes to sick and elderly

Slovaks are very reluctant to access residential care services.

They are fiercely independent and often rely on friends and family for support. They often enter services at crisis point and do not plan for the future.

It is often expected by elderly parents that their children will provide care and support. These expectations can often be quite unrealistic and can causes intergenerational conflicts.

Due to a reluctance to use interpreters and some technophobia, older persons may not have a full access to the information on their rights, services availability and assessment of quality of services, and therefore they become vulnerable to financial abuse.
Western medicine is practiced, although many individuals are turning to alternative medicines such as herbal and homeopathic remedies, frequenting medicinal spas and getting professional deep tissue massages.

Slovaks used to attribute illness and misfortune to supernatural causes and sought curers to diagnose their problems and provide remedies, therefore there is an extensive use of medicinal plants. For example Linden (Lipa) blossoms were collected and dried to make infusions.

In the Christian community, emotional and spiritual support is commonly provided by priests, family and close friends.

Slovak Christians believe that the soul survives death, and they bury their dead below ground in cemetery plots rather than cremating. Mourning lasts for nearly a year, and traditionally adult daughters and widows wear only black or subdued colours during this time.

Funeral customs are determined by the Church and wishes of the family for Slovaks Catholics and religious rituals include the administration of Holy Communion and Last Rites. Most Slovaks have a stoic acceptance of death as part of the life process. Family and friends stay with the dying person so that they do not feel abandoned, and this shows a strong sense of loyalty and respect to their loved one.

After the burial, mourners are invited for a zanoga, where drinks and food are served in memory of person. Graves of loved ones are visited for years to come, particularly on All Souls’ Day, when flowers and candles are placed on the graves.
Slovenians have been immigrating to Australia since the mid nineteenth century, when Slovenia was then part of the Hapsburg Empire.

Slovene territory joined the Kingdoms of Serbs, Croats and Slovenes in 1918, renamed Yugoslavia in 1929. During World War II the nation was invaded and fractured, but after the war Slovenia re-joined Yugoslavia. Many Slovenes opposed the new communist government, and joined the influx of post-war refugees migrating to Australia.

The Slovenia-born community in Australia flourished during the 1950s, assisted by the Catholic Church.

During the early 1960s a degree of liberalisation within the Yugoslav government saw economic immigrants from Slovenia begin to settle in Australia.

After Slovenia became independent from Yugoslavia in 1991, the number of Slovenian immigrants declined. Today, three-quarters of Slovenia-born Australians are aged over 50, reflecting the low level of immigration from Slovenia since independence.
The most common religion of Slovenians is Catholic, followed by Orthodox.

The Slovenian Franciscan Order has a significant role in the life of the community in Australia. It founded three churches in Adelaide, Melbourne, and Sydney, for the pastoral care of Slovenian Catholics and social services extending to regional Australia.

As soon as Slovenians arrived in Australia, they met and started forming friendships and Slovenian clubs, where they could meet, talk in Slovenian language, enjoy Slovenian cuisine and sing Slovenian songs, recite poetry and dance to Slovenian tunes. The care for the elderly was established very soon after their arrival.

They formed clubs, organised dances, meetings, picnics, celebrations, pilgrimages, and participated in many multicultural events.

Slovenians are egalitarian, yet interestingly their natural communication style tends to be indirect. However they are quick to adapt their communication style to the person with whom they are conversing.
Slovenians love breads and potatoes. Potatoes are served boiled, sautéed, deep-fried, or roasted, and are used in various dishes. Breakfast consists of coffee, tea, or hot chocolate, and rolls with butter and jam. Zemlja, a special kind of hard roll, is especially popular. Some people skip breakfast and drink only strong coffee.

For lunch, the main meal of the day, people eat soup, meat, a main-course starch, vegetables, and a salad. Supper is a light meal with salads, yogurt, and leftovers from lunch.

Slovenians have many traditional dishes, often prepared for celebrations. One of their most genuine festive foods is a rolled yeast cake, called potica, with sweet (walnuts, tarragon, raisins) or salty (cracklings or crisp pork fat) fillings. Potica is served at Christmas and Easter. Among traditional meat dishes, kranjske klobase (sausages, similar to Polish kielbasa) are well known, as are pork dishes (koline) in winter.
Older Slovenian people in general wish to stay in their own home environment until they die or at least for as long as possible. However data shows that, due to the fear from becoming a burden to the family and the lack of different non-institutional solutions, they choose to go to an aged care facility over staying at home, when they can no longer care for themselves.

The willingness of family to care is very high. Family care, in cohabitation with the older family member, and caring for them is one of the main tasks of the family. Therefore, the biggest problem is not the willingness to care but rather the ability to care.

Slovenian burial arrangement practices are influenced by religious and cultural traditions, costs and personal preferences. These factors help determine whether the funeral will be elaborate or simple, public or private, religious or secular. They also influence whether the body will be present at the funeral, if there will be a viewing or visitation, and if so, whether the casket will be open or closed, and whether the remains will be buried or cremated.

A type of funeral often referred to as a “traditional” Slovenian Funeral, often includes a viewing along with formal Slovenian Funeral service, use of a hearse to transport the body to the Slovenian Funeral site and cemetery, and even burial, entombment, or simply cremation of the remains.
Although Spanish seafarers began exploring the South Pacific in the 14th century, it was not until the gold rush of the 1850s that Spanish immigrants, mainly men, began to arrive in Australia. Over the next two decades, the number of Spanish women arriving tripled and a few more men also arrived.

Despite a military coup in Spain in 1923 and the Spanish Civil War of 1936-1939, few Spanish refugees settled in Australia. Immigration Acts passed in the 1920s restricted the entry of Spaniards and other southern Europeans. The Spain-born population dramatically increased from the late 1950s, following the 1958 Spanish-Australian migration agreement. The agreement provided assisted passages to Spanish migrants, many escaping poverty and hunger. Since the 1960s decades of economic improvements in Spain coincided with a slowing of Spanish immigration to Australia. The Spain-born community in Australia is ageing with 45% of its population being between the ages of 50 and 75.

The community is supported by a number of groups and organisations providing counselling, community development and educational programmes.

According to the Australian Bureau of Statistics Census 2011, the total numbers of Spanish speakers in Australia is 117,493 people.
Traditions and Religion

The major religions amongst the Spanish Speaking communities are Catholic, Baptist and Anglican.

In the last 20 years there has been an increase in people who follow Evangelical Churches, in particular Pentecostals.

Independence days are one of the most important celebrations of the year as are Christian festivities such as Saint Days, Easter and Christmas.

Religious artefacts are mostly used by Catholic Spanish and are consistent with those of the Catholic Church.
Spanish food is diverse due to the many cultures influencing its cuisine.

As a gateway between Europe and Africa, and the Mediterranean Sea and the Atlantic Ocean, Spain has been much fought over throughout history. The Greeks settled its coastal areas as early as the 8th century B.C., while Celts occupied interior regions. By the 2nd century B.C., Spain was under Roman domination. In the early 8th century A.D., the Moors (Arabs from northern Africa) crossed Gibraltar and entered Spain, occupying it for the next 700 years before Christian kingdoms drove them out.

This long history of invasion is still evident in Spain’s cuisine. Olives, olive oil, and wine tie it closely to Greek and Roman (Italian) culture. Meat and fish pies show the Celtic heritage. Spanish cuisine includes vegetables, fruits, meat and poultry. Jamón serrano, a cured ham, and chorizo, a seasoned sausage, are popular. Seafood and fish are popular in coastal areas. Other popular foods are cheeses, eggs, beans, rice, nuts (especially almonds), and bread (a crusty white bread, baked fresh daily, is common). Olive oil and garlic are common ingredients. Spain is also known for its wines, including the rioja, made in the northern province; sherry, a fortified wine that may be dry or sweet; and sangria, wine mixed with fruit and soda water.

The best-known Spanish dish, a stew called paella, originated in Valencia, an eastern province on the Mediterranean Sea. Rice, a main ingredient, is grown in Valencia’s tidal flatlands. Though there are numerous variations, paella is usually made from a variety of shellfish (such as shrimp, clams, crab, and lobster), chorizo, vegetables, chicken and/or rabbit, and long-grained rice. Broth, onion, garlic, wine and saffron add flavour.

Tortilla española, a potato omelet, is served throughout the country.
Family involvement is very prominent in the care of the elderly and older Spanish speaking people. It is a cultural expectation that parents and seniors will be cared for by their children and or relatives if needed.

Involving the family in all matters regarding their relative is encouraged, and where possible the family must be consulted about the need of aged care and especially during times of illness.

Due to past experiences with torture and trauma, some people may be suspicious of workers coming into their homes and may even be reluctant to seek help outside their family.

Traditionally, Spanish speaking people prefer to die at home. It is important for family members and close friends to see their loved ones during their final hour.

Family needs to be involved at all stages of the decision-making process. The role of the family has a strong influence on anything relating to their loved one’s health care, at times it is the expected norm.

The family prefer to be given the diagnosis/prognosis before their loved one.

Death is viewed as a family and a communal affair and it is standard practice for friends and relatives to visit the mourning family in their family home, to pass on their condolences and to bring flowers. Burial practices and ceremonies are conducted in accordance with the religious beliefs of the deceased, to celebrate their life.
There have been strong links between South Africa and Australia since colonisation.

The gold rushes of the 1850s attracted South African prospectors to Australia, primarily Victoria, and the discovery of gold in the Transvaal in 1886 reversed the trend, with prospectors leaving Australia for South Africa. Some Australian soldiers also remained in South Africa after the Boer War of 1899-1902. In 1911, the Australian census first recorded South Africans.

The community gradually increased in size until 1921, then the number remained stable for the next forty years, when the policy of racial segregation – known as apartheid – caused increasing social unrest in South Africa. Many people, particularly white South Africans, sought new lives elsewhere and were attracted by Australia’s similar climate and language.

After the 1976 Soweto riots the community more than doubled in size within five years. The increase continued even after the dismantling of apartheid in 1990 and the election of Nelson Mandela in 1994, (in the first multi-racial elections in South Africa).
Traditions and Religion

Most South Africans are Christian (79.8%), 1.5% are Muslim, 1.2% Hindu and 0.3% practice African Traditional Beliefs.

South Africans are generally friendly people and are relatively outspoken. Most South Africans speak more than one language, with English being one of them. South Africans enjoy getting together on weekends and public holidays and celebrate by having a braai (BBQ) and playing their music loudly. South Africans also like singing traditional music.

The diversity of the unique cultures of South Africa means that there are 11 official languages. Although English is the mother tongue of only 8.2% of the population, it is the language most widely understood, and the second language of the majority of South Africans. Government promotes all the official languages. Afrikaans is the native language of most European descendants.
The diet of South African has many influences including that of its indigenous people, example Sotho- and Nguni-speaking peoples and that which has emerged from several waves of colonialisation and immigration by white European people of Dutch (since 1652), German, French, Italian, Greek and British (since 1805-1820) descent and their Indo-Asian slaves or servants.

The South African diet often reflects the individual’s own cultural background and can include beef, mutton, a variety of curries, green vegetables, pumpkins, potatoes and rice.

**Attitudes to sick and elderly**

Traditionally, elderly South Africans lived with younger generations and each generation supported each other where required.

Those of European South African descent have similar traditions as their specific cultural background.

**Death and Burial Practices**

Burial style depends on the religious background of the deceased.

A Muslim burial is carried out as quickly as possible and in a fraction of the time taken by other religions.

An adult male should be bathed by his father, son or brother. An adult female by her mother, daughter or sister. If these people are not available, then it should be carried out by any Muslim male for a deceased male and vice versa for women.
Close family members are generally asked to lower the deceased into the grave. Verses from the Qur’an are recited at the head and side of the grave after burial. Muslims bury not cremate their deceased.

In the case of Hindus, the deceased is generally cremated after the body has been bathed and dressed in fresh clothes. Hindu funerals are usually held within 24 hours of the death. The body is kept at home facing south and a son or elder member of the family has to repeat God’s name into the right ear of the deceased.

The last rites of the deceased is understood to be the most important ritual for Hindus as it allows for the peaceful transmigration of the soul to reach the feet of God.

Various rituals are performed at the cremation with a host of prayer essentials like camphor, incense sticks, oil lamps, garlands, loose flowers, turmeric, milk and fruit.

After the ashes are collected, they are taken to the sea, where more rituals are performed before putting the ashes into the water.

For Christians, funerals may either be private or open to the public. It is not necessary to have the funeral immediately or within 24 hours.

The body is brought in a casket from the funeral parlour to the family home or church where a service will be held. After prayer and sermons, hymns are sung, tributes in the form of speeches are made and friends and family are then allowed to view the body.

The service then moves to the burial site where another prayer is said. Family members are given a final chance to view the body before burial. Mourners then proceed to a gathering point where refreshments are provided.

For Catholics, death is not seen as an ending, but starting a new life in heaven. Catholics believe the deceased takes on a new form, which is the beginning of their eternal life and a transition into the other world.

Jewish tradition believes in burying the body as soon after death as possible. After the funeral a seven-day period of mourning is held at the home of the mourners and is called the period of Shiva.

Among the Zulu-speaking people, burial rites differ from which region the deceased was from.
Sri Lankans (formerly referred to as Ceylonese) have been settling in Australia since the 19th century. They were first counted in the 1871 census, they probably immigrated as labourers or gold prospectors.

The Sri Lankan-born community in Australia is made up of three main ethnic groups; the British, Dutch and Portuguese, collectively known as Burghers who are the direct descendants of European colonisers, and the Sinhalese and Tamil communities.

Most Sri Lankans that immigrated were Burghers, as they were of European descent and welcome under the ‘White Australia Policy’.

The end of the White Australia Policy in 1973 saw increasing numbers of Sinhalese and Tamil settlers in Australia.

In the 1970s mainly Sinhalese and Tamil professionals migrated to Australia due to political unrest and for increased economic opportunities, migrating directly from Sri Lanka and from second countries such as England, America, New Zealand, and Singapore.

Migrants from Sri-Lanka in the 1980s were mainly Tamil speaking. They mainly arrived as humanitarian entrants, later sponsoring family members under the family reunion program.

Ethnic conflict in Sri Lanka in 1983 resulted in a significant intake of immigrants under the Special Humanitarian Program. Subsequently, Sri Lanka-born arrivals have come here under the Family Reunion Program, or as Skilled or Independent immigrants.

The majority of Sri Lankan people in Australia live in Victoria and New South Wales. Around
Traditions and Religion

52 years of civil unrest in Sri Lanka, which ended with an uneasy truce in 1995, has led to hostilities between the Sinhalese and Tamil extremists.

It is important to remember that there is also a southern Indian-born Tamil community in Australia.

Nearly 70% of the population practices Buddhism and about 15% practice Hinduism. Freedom of worship is guaranteed by the constitution. The Moors are mostly Muslims, while 8% of the population is Christian.

The majority of Sinhalese are Theravada Buddhist with a minority of them being Christians. The majority of Tamils are Hindu. There is a minority Muslim community that is Tamil-speaking.

The majority of European descendants (Burgers) are Christians.

Forms of greeting vary between different ethnic groups. The traditional greeting of placing one’s palms together under the chin and bowing the head slightly is widely practiced. A Western handshake is also acceptable. Titles are important to Sri Lankans, and it is proper to address acquaintances by their titles.

Objects are passed with the right hand or both hands. As with many Asian cultures, the head is considered the most sacred part of the body; the bottom of the feet are the least sacred. One should not touch a person’s head, nor should one use one’s foot to point at a person or an object. Women are forbidden to touch a Buddhist monk. Pointing with the index finger is impolite. Beckoning is done by waving all fingers with the palm facing down.
The different religions of the country play a large role in determining what is and is not eaten. Sri Lankans of all religious groups seek to avoid those things that would cause spiritual pollution. Because food enters the body, it is considered a prime source of potential pollution. Those that adhere strictly to Buddhist doctrines do not eat flesh of any kind. Some Buddhists, however, include fish or eggs in their diet. Hindus do not eat beef or pork, and Muslims do not eat pork.

Rice is the staple in the Sri Lankan diet and is the basic food for all meals. Each ethnic group is known for its own dishes, but each has also borrowed from the others over time; thus, Sri Lankan cuisine is a combination of all the different types. A variety of curries are popular, from mild to very spicy. Sri Lankans typically consume little meat, but they do eat large amounts of pulses (peas and beans) and nuts. Tea is served with most meals and as refreshment.
Traditionally elderly Sri Lankan people have been supported by their extended family. However this has reduced in recent times. Sri Lankan-born people are generally familiar with government provided services and resources for the elderly.

General barriers to accessing services for the elderly may not be as significant within the Sri Lankan community as English language proficiency is generally higher than other groups and similar services were provided by the government in Sri Lanka.

Sri Lanka actually has several funeral customs, based on religions.

Muslims will bury the deceased within 24 hrs. However, Buddhists and Catholic embalm the bodies and have a wake at home for a few days before the final burial/cremation. Buddhists wear white as it is a sombre colour.

Buddhist traditions within Sri Lankans include, whilst the corpse is at home there is usually someone (maybe not immediate family) awake 24 hrs, usually chatting, playing cards or carom to pass the time. Once the deceased is taken from home to the cemetery there are several religious proceedings. If cremated the ashes maybe collected to be scattered in a river or buried somewhere, but is never brought back home.
Tongan as a birth-place is first recorded in under the name ‘The Friendly Islands’, bestowed by Captain James Cook due to the friendly reception he received on his first visit there in 1773.

From 1947-1974 Tonga-born Australians were not listed specifically in the census. The category re-appeared in 1971, when it was clear the community had been growing.

Since then Tongan immigration has increased significantly and since 1981 the number has doubled.

Today most Tongan migration is due to the extended family system. This impetus was further strengthened by the establishment of an Australian visa office in Tonga in 1996.
Traditions and Religion

The vast majority of Tongans are Christian, with over 30% belonging to the Uniting Church. Many Tongans come from a strong farming background, and many are employed as farm and crop workers.

After a failed attempt by Wesleyan missionaries to Christianise the islands in 1797, they and other Christian missionaries were more successful in the mid-nineteenth century. 44% of Tongans belong to the Free Wesleyan Church. Wesleyanism is also the official religion of the state and the monarchy.

Before the arrival of European explorers in the late 1600s and early 1700s, the Tongans were in frequent contact with their nearest Oceanic neighbors, Fiji and Samoa. In the 1800s, with the arrival of Western traders and missionaries, Tongan culture changed dramatically. Some old beliefs and habits were thrown away and others adopted.

Tongan culture is far from a unified or monolithic affair, and Tongans themselves may differ strongly as to what it is “Tongan” to do, or not do.

Many Tongans left to find work in, for example Australia, and now live overseas, in a Tongan diaspora, and send home remittances to family members (often aged) who prefer to remain in Tonga. Tongans themselves often have to operate in two different contexts, which they often call *anga fakatonga*, the traditional Tongan way, and *anga fakapalangi*, the Western way. A culturally adept Tongan learns both sets of rules and when to switch between them.

The hierarchical system’s emphasis on the higher status of females guarantees an equal role in society for females and males in spite of the fact that men usually inherit titles and land.
Food is often an occasion for a family gathering, primarily at the end of the day. The basic staples are root crops like taro accompanied by fried or roasted meat or fish. Taro leaves are one of the various green vegetables used together with tropical fruits like bananas, pineapples and mangoes.

The ritual of kava drinking characterises both formal and daily events. Kava is prepared by grinding dried roots and mixing the powder with water in a ceremonial bowl. It is nonalcoholic but slightly narcotic. People sit cross-legged in an elliptical pattern whose long axis is headed by the bowl on one side and by the highest-ranked participant on the other. The preparation and serving of the drink are done by a young woman, usually but not always the only female participant, or by male specialists.
Traditional medicine exists alongside Western medicine in the person of the *faito‘o* (native doctor). Knowledge about medicine is passed on from parent to child. The *faito‘o* uses mainly herbal medicines. No payment is required for treatment, but gifts are given at the beginning or end of the cure.

Tongan families do not necessarily compete to put on the largest, grandest funeral possible, but they do strive to show respect for the deceased by doing all that is customary. This can put great strain on the resources of the immediate family and even the extended family.

**Death and Burial Practices**

Contemporary funerals are large, well-attended occasions, even for Tongans who are not wealthy. Relatives gather, often travelling long distances to do so.

Large amounts of food are contributed, then distributed to the crowds during and after the funeral. Funeral practices are a mix of introduced Christian rites and customs (such as a wake and a Christian burial), and older indigenous customs that survive from pre-contact times. For instance, mourners wear black (a Western custom) but also wrap mats (*taovala*) around their waist. The type and size of the mat proclaim the mourner’s relationship to the deceased.
First Turkish immigration to Australia was recorded in the 19th century but the first significant migration wave was not until 1967, following a bilateral agreement between the Turkish and Australian governments which assisted migration.

Turkish migrants were the first major Muslim religious group to arrive in Australia in the years after World War II. Most Turkish migrants were not in fact Turkish-born but rather Turkish Cypriots.

The annual intake of assisted settlers from Turkey remained consistently high until 1974, when family reunion became the main reason for immigration. The Turkish migration to Australia was growing rapidly until the sharp decline in the early 1980s. The growth resumed in the second half of 1980s due to high inflation and unemployment in Turkey. Settler arrivals have declined since then, with a slight increase in the mid-1990s. During this period migrants from Turkey have been admitted mainly through the Family Migration program, with a small number with educational or professional qualifications through the General Skilled Migration.

The latest Census in 2011 recorded 32,845 Turkey-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliation amongst Turkey-born was Islam (25,311). Islam is the main religion, prescribing a way of life, which includes a dress code and five sessions of a prayer each day. For most Turks, Islam plays an important role in rites of passage: naming shortly after birth, circumcision for boys, marriage, and funerals.

The Muslim month begins with each new moon. For this reason the Muslim year is ten days shorter than the Western/European year. This accounts for the changing dates of Muslim festivities.

There are two major religious periods. The first is Ramadan. Ramadan involves a month of fasting, between dawn and dusk. At the end of the month Muslim rejoice by wearing new clothes and exchanging gifts, and each household prepares Turkish dessert to serve their visiting friends and relatives. Immediately following Ramadan is the Feast of the Sacrifice, Eid al-Adha.
Turkish cuisine includes many different stews of vegetables and meat (lamb and beef primarily); borek, kebab, and dolma dishes; and a sourdough bread eaten with almost every meal. Turks are especially fond of eggplant.

*Borek* is a pastry made of many thin layers of dough interspersed with cheese, spinach, and/or ground meat. Kebab is the common word for meat roasted in pieces or slices on a skewer or as meatballs on a grill.

*Dolma* is the generic name for dishes made of vegetables (e.g., tomatoes and peppers) and leaves (e.g., grape, cabbage, and eggplant) that are stuffed with or wrapped around rice or bulgur pilaf, ground meat, and spices.

In the winter, many Turks eat a breakfast of bread with hot soup. In the warmer seasons, they commonly eat bread and jam, hard- or soft-boiled eggs, a white cheese made from sheep’s milk, salty olives, and warm milk or hot tea with milk. Pork is forbidden to Muslims. Although the Qur’an also forbids alcoholic beverages, many Turks drink beer, wine, and liquors.

The Qur’an states that Muslims dress with modesty. For many Muslim women this is interpreted to mean that they cover themselves from the head to feet except for their hands and face and that men be covered from waist to knees. However some modern Turks wear Western style clothing.
Traditionally the family undertakes primary responsibility in caring for the elderly, they often consider it a moral obligation to care for their loved ones at home and can be reluctant to place them in a residential care facility.

Personal care needs to be provided by a person of the same sex.

The preferred place of treatment is at home, if possible. Staff should give the diagnosis/prognosis to close family members first, since some patients will not be able to cope with the news. The news is given to close family, but not normally to friends. Some families would make decisions about how the patient should be receiving treatment. The family will usually provide support, if possible.

Islam encourages burial as soon as possible, preferably on the day of death.

The body should be handled as little as possible, ideally only by members of the same sex, who are also Muslim. The body must be handed over to the Muslim community as soon as possible to permit burial and washing rituals to be performed. The body is wrapped in a shroud.
The first Ukrainian migrants settled in Australia in the 1860s. Up to 5,000 Ukrainians believed to have arrived in Australia prior to World War I, along with a larger group of Russians, who were workers on the Chinese Eastern Railway, which was completed in 1902. Many lived in Brisbane where they were politically active. A large number also returned to Ukraine at the outset of the Russian revolution, during which control of Ukraine was fought over by Germany, Austria and Russia.

Following World War II, (1948) the first Ukrainians arrived from Displaced Persons Camps in Europe. They came to Australia on assisted passages which included two-year work contracts with the Australian Government. Among the migrants were priests, lawyers, doctors and engineers, but the vast majority were people from a rural background.

The 1947 Census did not list Ukraine as a birthplace, but the 1954 Census recorded 14,757 Ukraine-born. After that the number of migrants from the Soviet Ukraine was negligible. There was also limited migration of Ukrainians from communities in Poland and Yugoslavia.

Migration from Ukraine increased following its independence in 1991 from the former Soviet Union.

The latest Census in 2011 recorded 13,990 Ukraine-born people Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Ukraine-born were Eastern Orthodox (4,236), Judaism (3,353) and Catholic (2,387).

Ukrainian Orthodox and Catholic Churches share historic, ritual, and national heritages. Church is very important to elderly Ukrainians and regular attendance of Church and all traditional rituals are followed, some people follow fasting periods.

Services in Church are usually sung and are quite solemn. Communion is performed by sharing bread and wine. The gesture/sign of the cross with three fingers, three times is made during prayers. The priest holds a position of great authority within the older community and many social activities organised by Church.

Easter is celebrated on different days depending on whether the person is Orthodox or Catholic. Traditional Pysanky (painted eggs) are made and Kulichi, special Easter cakes. Making these eggs is a long process, and they are proudly displayed at the centre of the table rather than consumed.

Caroling is popular tradition in Ukrainian community and Christmas Eve is the most important part of Christmas. Its main feature is the evening meal call “Holy Supper.” The supper on Holy Night has twelve dishes, symbolic of the twelve apostles who gathered at the Last Supper.

Some Christian Ukrainians keep icons, for example, a devotional painting of Christ or another holy figure, in a central location in the home. Though much of the icon’s value is traditionally Biblical, the origins are firmly rooted in legends and folklore and unique in both in its rich colour and floral design.

Traditional national dresses are made and worn at special occasions (choirs, folk dance groups etc.).
Food is an important aspect of the Ukrainian culture. Special foods are eaten at Easter and Christmas.

During Christmas, for example, people prepare *kutia*, which is a mixture of cooked wheat groats, poppy seeds, honey, and special sweet breads.

An average Ukrainian diet consists of fish, cheese, and a variety of sausages. Head cheese or brauwn is also quite popular in Ukraine, as well as *kolbasa* (small goods), a type of sausage.

 Typically bread is a core part of every meal, and must be included for the meal to be “complete.” Ukrainians often toast to good health, linger over their meal, and engage in lively conversation with family and friends. Often they will drink tea, wine, or coffee afterwards with a simple dessert, such as a fruit pastry.

Popular foods in Ukraine include *salo*, *borscht* (national soup), *sarmale*, *chicken kiev*, *pierogi*, *pilaf*, *vareniki*, *pączki*, and *crêpe*. 
Family relationships are very important in the ageing Ukrainian community. Families expected to care for sick and elderly at home and its considered part of the family’s duties.

Health practitioners are highly respected and appreciated.

Families may be reluctant to question medical authority or to express any complaints, difficulties or concerns they may have with service providers.

Close family assemble when death is imminent. All actions are executed quietly and conversations are subdued, for it is believed that a silence broken makes dying more difficult.

Preparing for death is considered extremely important. A central folk belief, supported by Orthodox Christianity, holds that existence on earth is but a transient state. According to this belief, “we are guests” in this world and “live in sin,” whereas our permanent abode is in the world beyond.

Some people believe that, by saying “goodbye” to the dying, is the way to acknowledge that the deceased is now in the place of truth, while the rest will remain guests in the world.

Ukrainians observe ancient funeral traditions very faithfully. A collective get together follows funeral services and is repeated on the 9th and 40th days and then again at 6 and 12 months.

An annual remembrance day called Provody on the Sunday after Easter gathers families at ancestral graves to again see off the souls of the departed. Its Christian symbolism represents Christ’s victory over death. Its pre-Christian roots are attuned to the rebirth of nature in the spring and to an ancient ancestors cult.
The first migrants from La República Oriental del Uruguay arrived in Australia during the 1960s, when Uruguay was experiencing a period of economic deterioration and increasing political instability.

The beginning of the Tupamaros guerrilla campaign in 1967 exacerbated political tensions and led to the introduction of new security laws that were later used to justify civil rights abuses. The 1970s saw rising unemployment and government repression of opponents. After the military seized power in 1973, an estimated 400,000 people fled Uruguay, some of whom eventually settled in Australia.

Even after Uruguay returned to democracy in 1984, the Uruguay-born community in Australia continued to grow, reaching its peak in 1991.
Uruguayans are quite traditional and do not welcome criticism from foreigners. They also do not appreciate being confused with Paraguayans or Argentineans. Otherwise, people are friendly and easygoing. Although tactful, people are frank and direct and maintain a close distance when speaking. Close acquaintances of the opposite sex greet each other with one kiss on the cheek.

Most Uruguayans are Catholic. There is a sharp separation between church and state. Many religious holidays have even been given secular names. Christmas, for instance, is widely referred to as Family Day. Similarly, Easter Week is known as Criollo Week.

Perhaps the most celebrated holiday in Uruguay is Carnival.

This is a week-long celebration that marks the beginning of Lent (in February). Many of Uruguay’s festivals celebrate its cattle-raising heritage.
Not surprisingly for a cattle-ranching country, beef figures prominently in Uruguayan cuisine. The national dish is the *asado* (barbecued meat) or *churrasco*, or grilled steak. Also very popular are *chivitos*: hot steak sandwiches, topped with bacon, eggs, cheese, lettuce, and tomatoes. A unique snack is wedges of *fainá* (a chickpea flour pancake).

The *parrillada* (beef and entrails) is the most typical dish.

Pork sausage is usually served as an appetiser.

As a result of Italian immigration in the late 1800s and early 1900s, pasta is now a national food. Sunday is the preferred day for eating pasta. Most home cooking has a Spanish influence, and meals almost invariably include soup.

People eat a lot of bread and ship biscuits (*galleta marina*), mostly made of white flour, and many consume dairy products, including the national dessert, dulce de leche. Other popular desserts are pastries, milk and egg pudding, and rice pudding.

*Mate* which is a strong tea-like beverage made by infusing coarsely ground leaves of Yerba Mate with hot water in a gourd and sipped through a metal straw with a terminal filter (*bombilla*), is drunk at home, at work, at the beach, at soccer games and in public places.
Uruguayan culture is similar to other South American countries in that it’s commonplace for multiple generations to live under one roof sharing a home and all the duties that come with maintaining one. The oldest generation often is relied on to assist with caring for the youngest, while the middle generations go to work. As such, the aged remain thoroughly integrated well into their last days.

The decisions and behaviours of each individual in the extended family are based largely on pleasing the family; decisions are not to be made by the individual without consulting the family. Failure of the clinician to recognise the extended family can potentially lead to conflicts, non-compliance, dissatisfaction with care and poor continuity of care. Sometimes there can be a delay in making important medical decisions because extended family consultation can be time consuming. To gain the trust and confidence of the patient/parent, it is important to solicit opinions from other family members who may be present and give ample time for the extended family to discuss important medical decisions.

When a Uruguayan dies, relatives meet in the funeral home prior to the burial. Rarely do relatives spend the night at the funeral home, as they used to. Some of them escort the coffin to the cemetery. Mourners may dress in black for at least the day of the funeral. After a funeral ceremony, the deceased is buried in a cemetery or, more commonly, placed in an above-ground niche or mausoleum.

Death and Burial Practices
Vietnam was part of French Indochina from 1887 until its occupation by Japan in 1940 during World War II.

In September 1945, following the end of World War II, Ho Chí Minh declared Vietnam’s independence.

However, France reclaimed control until local rebellion led to the French Indochina War. After the French were defeated in 1954, and under the Geneva Accords, Vietnam was provisionally divided at the 17th parallel, with a communist government in the north and an American-recognised government in the south.

From 1975, most Vietnamese migrants arrived in Australia as refugees or humanitarian entrants under the Family Reunion Scheme (around a quarter of the Vietnamese were of Chinese ancestry).

It was a hard experience for the Vietnamese having to resettle in their new homeland, struggling to rebuild lives and facing difficulties including prejudice and discrimination. There were also significant numbers of Vietnamese people who had no family in Australia. The Vietnamese now form one of the largest and most visible migrant communities in NSW. Vietnamese Australians maintain strong links with Vietnam through family, culture, religion and business ties.

The latest Census in 2011 recorded 185,039 Vietnam-born people in Australia.
Traditions and Religion

At the 2011 Census the major religious affiliations amongst Vietnam-born were Buddhism (104,066) and Catholic (39,895).

Most Vietnamese also practice Ancestor Worship. Vietnamese usually also have a small altar at home with photos of the deceased and each day incense is lit and prayers are held.

Vietnamese Lunar New Year is a significant festival.

On Tết’s, family members gather to pray before the ancestor altar and share a banquet in memory of the deceased, visit relatives and friends, offer each other formal ‘Tết’ greetings, give lì xì and special treats such as Tết sweets and Tết cakes—Bánh Tết or Bánh Chung which are sticky rice cakes.

Vu Lan festival ‘Vu Lan Bồn’, It falls on the 15th day of the 7th month of Lunar Calendar.

Vietnamese Buddhists people attend praying sessions at the Temple and eat vegetarian food. Autumn Moon festival ‘Tết Trung Thu’, features moon cakes.

Important symbols in Vietnamese culture include dragons, turtles, lotuses and bamboo.
Vietnamese people enjoy a wide variety of raw and fresh vegetables, fresh herbs and fruits. Vietnamese people eat less meat and seafood and often have three meals a day and rice is eaten at almost every meal. Buddhists do not eat meat or seafood on the certain days of the months.

A typical meal for the average Vietnamese family would include a large bowl/pot/cooker of steamed long-grain white rice, fish/seafood, meat, tofu (grilled, boiled, steamed, stewed or stir-fried with vegetables), a stir-fry dish, raw, pickled, steamed, or fresh vegetables, canh (a clear broth with vegetables and often meat or seafood) or other soup.

Dipping sauces and condiments depend on the main dishes and include pure fish sauce, ginger fish sauce, tamarind fish sauce, soy sauce, salt and pepper with lime juice or chilli and salt.

Small dish of relishes, such as salted eggplant, pickled white cabbage, pickled papaya, pickled garlic or pickled bean sprouts are also served.

Desserts, such as chè or fresh fruit are common.

All dishes except individual bowls of rice are communal and are to be shared in the middle of the table. It is also customary for the younger to ask/wait for the elders to eat first and the women sit right next to the rice pot to serve rice for other people.
There is an expectation that the family will care for their sick or elderly parents. Older people have to rely heavily on their children for transport, communication and social support services. Many elderly people live alone and they are very reluctant to use mainstream services or enter nursing homes.

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

When a death is about to occur, family and close friends will gather around in silence and pray. The deceased is not to be touched or moved for 8 hours, it is important for the soul to leave the body contented so that it may have a favourable rebirth.

The family should be offered the opportunity to have a priest present to administer Communion and the Last Rites or a Monk to perform Buddhist rituals. Prayer or consultation with monks will be commonly sought. Many Vietnamese Buddhists prefer cremation, storing the ashes in a temple below a photo of the deceased.

It is important to discuss ‘end-of-life’ with both the patient and the family. Occasionally reference to the word “death” is avoided as it is thought it may hasten the event. Hospitalisation is generally accepted by the Vietnamese elderly but home is strongly preferred.

Death and Burial Practices
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Macedonian Australian Welfare
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Multicultural Communities
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www.ck/history.htm
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www.dimensionsofculture.com/culture-fact-sheets/
CULTURAL ATTITUDES TOWARDS PALLIATIVE CARE


4. The term ‘disgrace’ has been adopted by Alzheimer’s Australia in the production of their cultural series of dementia education entitled, “It’s not a disgrace, it’s dementia”. This series aims to dispel the myths and the stigma associated with the condition. This series of video publications has covered the prevailing attitudes of several communities, including Spanish, Assyrian, Croatian, Khmer, Arabic, Vietnamese, Croatian and Ukrainian, (The Italian version will be available shortly at the time of going to press), available on Youtube.

Cultural Assessment Checklist

VERBAL COMMUNICATION
What language does the individual prefer?
Would the person prefer an interpreter?
What language does the individual prefer to receive written information in?
Are any topics regarded as forbidden, unsavoury or taboo?

NON-VEBAL COMMUNICATION
Is eye contact considered polite or rude?
What personal space is acceptable?
When, where and by whom can physical contact with the individual occur?
Are there certain facial expressions or body gestures that have specific meanings?

CARERS AND FAMILY
Who is considered family?
What impact does the person’s care needs have on the family?
Who is considered the head of the family?
Who in the family should you discuss the individual’s care needs with?
Who should you NOT discuss certain topics with?
Does the word ‘carer’ translate into the individual’s preferred language?

CARE OF THE ELDERLY OR DISABLED
How does the individual and family view ageing, is it with greater or less respect and authority?
How does the individual and family view disability or dementia?
How are the elderly cared for within this family and this culture?
How do this family and this culture care for the disabled?

ACTIVITIES OF DAILY LIVING
Are there special routines or rituals associated with personal hygiene?
Are there any restrictions on who can help with daily activities (gender, age, class)?
How important is modesty?
How is modesty shown?
Are there any rituals or practices that must be observed?

DECISIONS
How are decisions made in this family?
Is there an individual orientation or a group orientation to decision making?
Who is consulted on decisions and on what topics?
USE OF RESOURCES
How are resources distributed or used within the family?
Is there an individual orientation or a group orientation to the ownership of resources?
Are certain resources owned by the family and others or by the individual?

ETIQUETTE AND SOCIAL CUSTOMS
How would you like to be addressed?
(the individual, carer and family members)
What behaviour is expected of guests?
Is it polite to engage in small talk before getting into a purposeful conversation?
Should discussions to be direct, subtle or indirect?

RELIGION AND SPIRITUAL PRACTICES
Are there any religious or spiritual practices our service can help the individual to maintain, such as worship and prayer times?
Are there any religious items the individual likes to keep close at hand?

MIGRATION HISTORY
Why did they come to Australia?
What was the journey like?
What were their experiences when they arrived?
Did they have any family members here?
Migrants often grieve for the loss of their homeland, family and identity.
Was this grief exacerbated due to political instability and/or trauma.

DEGREE OF ACCULTURATION (where relevant)
When did the individual arrive in Australia?
How closely does the individual keep to the customs of their culture or country of birth?
In what ways does the individual and the family express their culture?

FOOD PREFERENCES
What is eaten and when?
Are any special utensils preferred?

LIFE RITUALS
What events are celebrated and how?
What rituals are practiced around ageing or death and disability?