Providing Orientation and Mobility Services to People from Chinese Backgrounds in Sydney, Australia

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Australia is a multicultural country with a large number of older people from culturally and linguistically diverse (CALD) backgrounds who require orientation and mobility (O&M) services. Guide Dogs NSW/ACT receives a majority of CALD referrals for people with vision impairment from Chinese backgrounds. To enable clients from CALD backgrounds achieve mobility goals that complement their lifestyle, it is necessary that O&M providers foster culturally competent perspectives to enhance and promote effective working relationships.

Australia is a multicultural nation that experienced successive waves of migration. The Australian Bureau of Statistics (2010) reported that over the past two decades, the nation witnessed a shift in the age structure of its population with increases in the number of persons who are 65 years old and over, while the age profile of migrants is older than the age profile of the Australian-born population. For example, in the state of New South Wales 11% of males aged 65 years and over and 14% of females were born overseas. As advancing age can be concurrent with prevalence of vision related disorders (Williams, 2000) service providers in vision related services can expect a wide and diverse group of consumers from the ageing culturally and linguistically diverse (CALD) communities requiring services. The varied differences in language, culture, literacy, practices, customs, and beliefs in CALD communities can impact on the effectiveness and competence in delivery of atypical rehabilitation services, for example, orientation and mobility (O&M), especially for people who have low vision.

Guide Dogs NSW/ACT Australia provides O&M services to a large proportion of clients who are older adults. Guide Dogs NSW/ACT offer services to CALD communities and has acquired most responses from Chinese communities throughout Sydney.

Background

As an O&M instructor of Chinese descent the author delivers numerous O&M programs to non-English speaking older adults from Chinese backgrounds who are aged between 66-96 years. Most of these Chinese clients emigrated from Hong Kong and the province of Canton, south of China. They mainly speak Cantonese and have resided in Sydney from 5 to 30+ years. Despite their impaired vision mainly caused by cataracts, glaucoma, macular degeneration, diabetic retinopathy, and severe myopia, all clients...
enjoy visiting shops, and meeting with peers in Chinese community centres to engage in such activities as Tai Chi and Mahjong. Some clients are also actively engaged in religious pastimes for example, attending church regularly and cultural festivals. Even though the author can speak the same language as most of the Chinese clients, some clients remain resistant to receiving O&M services.

**O&M Challenges**

**Language**

Language barriers affect access to O&M services for people from non-English backgrounds including older adults from Chinese backgrounds. Many people from CALD backgrounds are not aware of the different types of rehabilitative services in Australia and do not seek them. This is often the case because such services are non-existent in their home country. It is, therefore, not surprising that there is an apprehension to request O&M given the unfamiliarity of the service and the difficulty in communicating in English. A difficulty also exists in locating a qualified interpreter. The process of acquiring an interpreter is complex to the uninitiated. As Guide Dogs NSW/ACT depends on passive referrals, the initial referral for service for most non-English speaking clients relies largely on doctors, CALD social workers, and CALD community activity coordinators.

Further, it is often difficult to locate a qualified interpreter for the variety of Chinese dialects spoken. Migrants in Australia from Chinese backgrounds arrive from Mainland China, Hong Kong, Vietnam, Cambodia, Taiwan, Malaysia, Indonesia, and Papua New Guinea and bring with them Chinese dialects peculiar to their regions. For example, Cantonese spoken in Vietnam is not exactly the same as spoken in Singapore. The Chinese language has many dialects such as Cantonese, Mandarin, Shanghainese and Hokkien, just to name a few. As there are variations in Chinese dialects, it is important to have the appropriate dialect interpreter when visiting the client. Milian and Conroy (2001) advised of engaging the appropriate interpreter and translator to provide the appropriate instructions so as to ensure client’s needs are well understood.

When an interpreter is unavailable, it can be helpful to engage a family member to translate but the instructor must be aware of and consider discrepancies that can occur from unprofessional translating. For example, a family member may generalise, alter, and omit opinions of the client to suit the expected answer to the question. The client may try to describe how much s/he can see at certain times of the day but the family member might translate the descriptions very briefly as just blurry vision throughout the day. Therefore, it is essential for the instructor to keep observing and assessing the client’s functional vision during subsequent lessons. Importantly, interpreting and translating should be neutral and impartial (Fradd & Wilen, 1990).

**Culture**

People’s behaviours are shaped by culture with influences from “ethnic background, gender, age, and socioeconomic status” (Bau, 1999, p. 291). For a non-English speaking older adult who already has steeply entrenched cultural values from the home country, it is often difficult for her/him to understand the western biomedical
perspective of treating a disability while incorporating the rehabilitation component (Bau, 1999). Older clients from Chinese backgrounds are often more interested in the way to restore their vision than learning about coping strategies and assistive aids. Many clients from Chinese backgrounds cannot accept that their vision loss is a disability and will seek traditional herbal treatment in their home country, resigning their vision impairment to ill fate. Some older Chinese clients then become affected by depression, denial of the reality of their vision impairment, inferiority from social stigma of being “abnormal” among their community peers, and self-pity because they become dependent on others.

Cross (1995-96) noted that culture has numerous variations that are influenced by “migration history, generation, rural or urban setting, level of acculturation (adjusting to the dominant culture but retaining one’s own) and assimilation (adopting the dominant culture and losing one’s own), history of oppression, and mixture of races” (p. 291). For example, a Chinese client from Hong Kong may perceive the intervention of O&M more positively than another Chinese client from Vietnam since Hong Kong is more western influenced. The task of educating clients who do not relate O&M to rehabilitation involves much explanation, demonstration of O&M skills that would assist them, and patience.

**Literacy**

The different levels of literacy and socioeconomic backgrounds of clients from CALD communities can influence the levels of acceptance and achievement of O&M objectives. La Grow (1998) noted that O&M instruction is based on the westernised “rehabilitation system of individualised service that is linear and future oriented, sequential and compartmentalised, scientific, and objective” (p. 262). This might explain why few clients from Chinese backgrounds can relate to the complexity of establishing their O&M objectives and instead opt for a short service. Some clients who come from higher literacy and socioeconomic backgrounds in their home country often display more enthusiasm in learning and acquiring additional skills in O&M. It is a challenge for the instructor to provide an O&M service to client’s from Chinese backgrounds that improve their level of safety and functionality while trying to assist them maintain the lifestyle they previously enjoyed.

**Practices, customs, and beliefs**

As respecting the elders are part of Chinese cultural practice, the young are expected to take care of the old. Some of the author’s clients rely on their children to take them on visits especially to the specialist doctor and the need for independent travel does not arise. It is quite customary for aged parents to concede most decision-making issues to their children, especially health issues. Therefore, it is necessary for the O&M instructor to modify O&M goals to cater to the client’s reduced need for independence. For example, an elderly client who regularly goes to the doctor’s clinic with her son may only need to learn (i) how to use the support cane to safely negotiate the steps and (ii) guiding skills to negotiate narrow spaces and doorways at the clinic.

Knowing the customs and beliefs of clients can be helpful to establish trust between client and instructor which can strengthen the working relationship. For example,
it is customary to greet Chinese elders by calling females aunty or Mrs, and males as uncle or Mr as an ice-breaking gesture. At the same time it is important to clarify the role of the instructor as a trainer rather than a companion as elderly Chinese clients are often not familiar with individualised westernised training. The instructor needs to maintain a mutual professional distance with such clients.

Many of the author’s client’s, particularly elderly males, are hesitant in revealing their disabilities because culturally it is face-saving to be seen as invincible. Morioka-Douglas and Yeo (1990) noted that many people from Asian backgrounds tend to avoid using community services so as not to be seen complaining about their problems. Hence, the instructor has to be creative in providing O&M in a different modality for example, offering group training to establish a rapport of togetherness which is less confrontational when problems are shared among acquaintances with similar difficulties. Therefore, it is important to identify people in various Chinese communities and provide their O&M needs in the context of their real life activities. For example, a cultural festival or celebration like the Chinese Lunar New Year or the Hindu Dwali Festival of Lights can be celebrated as an O&M activity with interested CALD groups in the community.

**Future Ahead**

Providing O&M services in a cross-cultural context is essential to meet the needs of CALD communities as Australia becomes increasingly culturally diverse. It is a requisite for an O&M instructor to understand and be sensitive to multiculturalism because “cultural competence has been shown to improve the accuracy of assessments and to yield more successful results” (Minnesota Public Health Association, 1996). Although it is an advantage to have a bilingual instructor who is cognisant of the culture and can relate to the clients, Rodriguez (1995-1996) commented that openness, observation, listening, and redefining one’s viewpoint with professional perspectives are fundamental strategies for any professionals working with people with disabilities. Lynch and Hanson (1998, p. 491) referred to “the characteristics of a culturally competent professional include respect for people of other cultures, understanding of different perspectives, willingness to learn, and flexibility”. For O&M to be effective in meeting the needs of Australia’s diverse cultural communities, it is necessary for service providers to consider advocating alternative O&M modalities that embrace and respect the values of the ethnic groups. For O&M to be conducive and relevant to the needs of CALD clients, the provision of service ought to correspond with a more comprehensive approach that recognises the culture and the community.

**References**


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