South Australian Multicultural and Ethnic Affairs Commission

Report on CALD Ageing

The South Australian Multicultural and Ethnic Affairs Commission has three key Strategic Priorities.

- Economic development and participation
- Ageing
- Domestic violence

The Commission established Working Groups for each of the Strategic Priorities.

The Commission recognises that it has expert knowledge of multicultural and ethnic affairs but relies on others for expert input in other matters. Therefore, in considering the strategic priority areas the Working Groups have gathered information from people and organisations which have policy, funding and service delivery responsibilities and expertise in each of the areas.

Organisations providing expert input included:

- Australian Population and Migration Research Centre (University of Adelaide)
- Council on the Ageing
- Department for Communities and Social Inclusion
- Department of Social Services
- Ethnic Link Services
- Local Government Association
- Multicultural Communities Council
- Multicultural Aged Care
- Office for the Ageing (DHA)

Like most developed countries, Australia's population is ageing as a result of sustained low fertility and increasing life expectancy. This has resulted in proportionally fewer children (under 15 years of age) in the population and a proportionally larger increase in those aged 65 and over. This trend will continue.[1]

The South Australian Government set out its positive approach to ageing in *Prosperity Through Longevity: South Australia's Ageing Plan, Our Vision 2014-2019*.[2] The Plan sets out three priorities:

- Health, Wellbeing and Security
- Social and Economic productivity
- All Ages friendly communities.

Prosperity Through Longevity emphasises the value of older South Australians to the community as a whole. The positive value of older South Australians encompasses all aspects of life in the state – from family to community, economy to culture. Prosperity Through Longevity acknowledges that older South Australians reflect all the diversity of the population as a whole, and it is especially important that the vision places planning with diversity in mind at its heart.[3]

The vision of the Office for the Ageing (OFTA), Department for Health and Ageing is to create an all-ages friendly state where South Australians have a fulfilling, active and enjoyable life at every stage. OFTA emphasises that South Australians, regardless of age or culture, have rights, and that these rights do not change, nor do they diminish with age.

OFTA has commissioned a report on what it means to age well in a CALD community.

To ensure older people of CALD backgrounds are aware of their rights and that they can benefit from early planning and access to the relevant legal tools (Advance Care Directives, Enduring Power of Attorney, Wills and registration for organ/body donation) OFTA has translated Planning Ahead resources into Italian, Greek and Vietnamese. Linked to similar actions of the state ageing plan, OFTA developed Knowing Your Rights – A Guide to the Rights of Older South Australians in partnership with Legal Services Commission and is now is exploring how this resource and its key messages can be made accessible for ethnic communities. In recognition of diversity, OFTA has published a Stop Elder Abuse website which includes specific resources to raise community and workforce awareness about concerns of elder abuse response from a CALD perspective.

OFTA advised the Commission it is actively working with a number of CALD agencies to ensure the needs of diverse older people are represented in the work of the state government.

The Council of the Ageing (COTA - SA) advised the Commission that COTA intends to give a higher priority to identifying, understanding and responding to ageing in CALD communities.

COTA reported that

- older Australians are experiencing difficulty gaining and retaining employment. Migrants who come to Australian in their 40s generally have trouble settling into jobs. CALD aged are impacted more than others due to skill levels, English proficiency, and knowledge of how to negotiate the system.

- the ‘healthy ageing’ message is struggling to reach CALD communities, in particular how to manage chronic disease. COTA noted it has more work to do with CALD communities in this regard.
- CALD people generally have a lower take up rate of residential aged care (184 in every 1000 people compared 248 Australian-born in every 1000 people).

Much discussion about ageing in recent years has focused on the Commonwealth Aged Care Reforms because they involve major changes for ageing members of the community and for service providers. The Local Government Association (LGA) advised the Commission that much work is also being done to support older members of the community through broader planning and development initiatives. For example, Council planning and approval processes are accommodating different styles of housing to support extended families and zoning policies are allowing increased integration of housing and services.

Most local councils are developing ageing plans and Councils are paying attention to making public spaces age friendly by providing signage, shade and resting places.

The LGA said Councils are increasingly taking account of CALD communities as part of their community engagement and consultation processes. This is reflected, for example, in the activities of the Eastern Ageing Alliance.

Ageing in CALD Communities

The focus of the South Australian Multicultural and Ethnic Affairs Commission has been on ageing in culturally and linguistically diverse (CALD) communities rather than on ageing more generally. Nevertheless, it is recognised that issues associated with ageing in CALD communities need to be understood in the broader context of ageing.

The age profile of different CALD communities varies substantially. For some communities there is a very high proportion aged 65+ and 80+. Other communities have a much younger profile.[4]

It is important to recognise that older Australians from CALD backgrounds are not a uniform group. The diversity within Australia’s CALD community is significant.[5] South Australians identify with more than 270 ancestries and there are more than 230 different languages spoken in Australia today, including Indigenous languages.[6]

The Australian Population and Migration Research Centre (University of Adelaide) (APMRC) provided the following demographic information to SAMEAC.

- People born in European countries (Italy, Greece, Germany) form the largest ageing CALD communities
- People born in Asian countries (Vietnam, China and India) will form the next 'wave' of ageing CALD people
- 1.3 million people aged 50 and over in Australia are from a CALD background and over 150,000 of these are aged 80 and over.

Research undertaken by APMRC indicates that the challenges for CALD older people include:

  - Cultural complexities affecting different birthplace groups
  - Heavy reliance on family members for support
  - New to Australia's aged care system
  - Language barriers

APMRC is undertaking a Pilot Study (across three states) about what it means to age well from a CALD perspective, with the focus being on the Greek population.

The table below shows selected social characteristics from the 2011 Census of the top 10 non-English speaking birthplace groups aged 65+, compared with the total CALD and Anglo-Australian populations aged 65 and over. The variation across groups helps to highlight the diversity in needs and preferences for older people from CALD backgrounds.[7]

Selected characteristics of largest non-English speaking birthplace groups aged 65+ (and comparative groups aged 65+), Australia 2011

	% Has need for assistance	% Speak English not well or at all	% Live alone	% No internet connection	% Own Home outright
Italy	27.7	30.7	20.9	58.9	80.0
Greece	27.1	45.5	15.3	59.5	79.4
Germany	16.2	2.0	28.0	38.3	68.1
Netherlands	16.3	1.3	24.4	32.2	66.5
China	26.8	73.4	11.6	28.2	45.8
India	18.5	8.7	17.6	23.9	55.7
Croatia	24.0	27.2	20.9	56.5	74.2
Malta	21.1	10.1	20.6	53.8	77.9
Poland	33.3	18.5	33.3	48.3	65.3
Vietnam	33.2	81.4	9.0	31.7	39.5
Total non-English speaking	24.4	28.2	20.1	43.2	65.2
Total Anglo-Australian*	16.8	0.1	26.1	37.5	66.3

*Anglo-Australian includes Australia born and immigrants from English-speaking countries.

While 14 per cent of Australians are aged over 65, this proportion varies significantly among a number of CALD communities due to migration patterns.[8]

Based on 2011 Census data for South Australia,[9]

- the CALD community with by far the largest number of people aged 65+ is the Italian born. The 13,070 aged 65+ represent 63% of that community. The next largest groups are the Greek-born (6,145) and the German born (5,380).
- there are several smaller communities with a very high proportion of older members but a relatively small total number of older people. For example the 181 Estonian born aged 65+ represent 89% of that community. Latvia and Lithuania have similarly high proportions aged 65+.
- there are some larger communities with a small proportion of older members but a significant number of older people.. For example the 1,065 Indian born aged 65+ represent less than 6% of that community. Similarly the 1,005 Vietnamese born and the 805 Chinese born aged 65+ represent 8% and 5% of their communities respectively.
- communities with relatively high numbers approaching the 65+ bracket (aged 50-64 in the 2011 Census) include Italian (6,088). German (3,820), Vietnamese (3,264) and Dutch (3,015).

Details of the numbers and percentages of members of migrant communities aged 65+ and 80+ are attached.

The number of older Australians from CALD backgrounds is projected to increase substantially in the coming decades. Over the next 15 years this cohort is projected to grow by a further 43 per cent to around 940,000 in 2026. However, the diversity of this group is expected to increase, as different immigrant communities move into older age cohorts at different times. Reflecting post-war immigration patterns, the number of older people with European backgrounds will stabilise or decline, while those with an Asian background will increase.[10]

It is significant to note that most aged care services are targeted at frail aged people. Although there is no direct link between age and frailty the incidence of frailty tends to increase during the late 70s. Aged care services are used predominately by those aged over 80 years.[11]

CALD Aged Care

The Productivity Commission in its *Caring for Older Australians* report noted that aged care services must be tailored to the needs and preferences of the ageing population.[12]

Older people from non-English speaking backgrounds display a preference for receiving care in the home. This is reflected in their significantly lower use of residential aged care. For example, for the 85 years and over age group, the use rate of residential aged care per 1,000 people for non-English speaking migrants was 184, compared with 238 for English speaking migrants and 248 for Australian-born people.[13] The Australian Institute of Health and Welfare report that by contrast older immigrants from non-English speaking countries tend to be over represented in community care.[14]

Families and CALD community groups have an important role in the ageing experiences of their older members.[15]

Although older people from some CALD backgrounds are more reliant on family members, studies have shown that the idea that 'they always look after their own' cannot be assumed. In light of this perception, the social isolation of people within some CALD communities can sometimes be hidden. It is important that service providers and other community members do not assume that the needs of older people from all CALD backgrounds are met completely by their families.[16] Neither should it be assumed that older family members will want to act independently because in many CALD communities there is a deeply held value that families act collectively and, as people age, younger family members will be expected to take responsibility.

A recent review of research led by the late Professor Graeme Hugo and the Australian Population and Migration Research Centre found that research into older people from CALD backgrounds in general highlights that many older CALD Australians have higher levels of disadvantage and other risk factors than older Anglo-Australians, and that these factors may affect their ageing experience in Australia. The life course of migrants from CALD backgrounds, including migration circumstances, and the extent to which cultural traditions are maintained, play a role in health and wellbeing for older people from CALD backgrounds. CALD older people face many challenges to the extent that their linguistic and cultural needs are not taken into account. The literature identified that older people of refugee backgrounds are particularly vulnerable to physical and mental health issues.[17]

Aged Care Services

In late 2015 primary administrative and funding responsibilities for Aged Care services were transferred from the Commonwealth Department of Social Services to the Commonwealth Department of Health.

Aspects of aged care services were previously administered by the State Government. The State government continues to administer a range of services on the Commonwealth's behalf including the Aged Care Assessment Programme, Transition Care Programme. It is also a provider of the Commonwealth Home Support Programme, Home Care Packages and Residential Care in regional South Australia.

With the transition to the Commonwealth there has been a major review of arrangements. Changes are being implemented over ten years from 2012 to 2022.

Aged Care services are primarily delivered through the following range of programs:

- Commonwealth Home Support Programme
- Home Care Packages Programme
- Residential Aged Care Services

Summary information about these programs is attached.

The Commonwealth Government funds one Partners in Culturally Appropriate Care (PICAC) organisation in each state and territory to equip aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse communities.

The primary outcomes for each PICAC organisation include:[18]

- More aged care services delivering culturally appropriate care to older persons from culturally and linguistically diverse communities;
- Older people from culturally and linguistically diverse communities having increased access to culturally appropriate residential and community based aged care services; and
- Older people from culturally and linguistically diverse communities having greater capacity to make informed decisions about residential and community based aged care.

To achieve these outcomes, PICAC organisations conduct a range of activities including training, information sessions, workshops, and resource development. In

South Australia the funded PICAC organisation is Multicultural Aged Care (MAC). PICAC activities undertaken by MAC include:

- Development of sustainable partnerships between culturally and linguistically diverse communities and aged care services;
- Provision of training to staff of aged care residential facilities and to community based aged care services;
- Provision of support to culturally and linguistically diverse communities and aged care service providers in order to develop new services, including clusters, ethno-specific and multicultural aged care services;
- Provision of information to policy makers about issues that affect culturally and linguistically diverse communities;
- Development and assistance in the implementation of resources on culturally appropriate aged care. [19]

Ethnic Link Services (ELS) advised SAMEAC that their role is to ensure equity of access to mainstream services for their client group, by providing language assistance, information and advocacy. They are not an interpreting service.

ELS is also a provider of My Aged Care Regional Assessment Services (RAS). This involves conducting face-to-face assessments of older people needing entry-level support through the Commonwealth Home Support Programme.

Access to Aged Care

Issue: CALD community members often find it difficult to understand what aged care services are available and how to access them. The information and the method of negotiating the access pathways are complex.

There are many barriers to access and use of services for older people from CALD backgrounds as a result of language and cultural understandings. At the most basic level, information is needed in the preferred language of the older person from a CALD background, as is access to interpreters when required. Additionally, a lack of awareness of available support services can lead to underutilisation by older people from CALD backgrounds.[20]

Access to aged care services is through the *My Aged Care* website or by telephoning *My Aged Care*. This new single point of entry came into effect on 1 July 2015. Another person can access *My Aged Care* on behalf of the older person but it is a legal requirement that the care recipient be present and give their consent to receive services in person to the *My Aged Care* or the Regional Assessment Service personnel.

Due to recent government changes, responsibility for ageing and aged care has recently moved to the Department of Health from the Department of Social Services (DSS). The Commonwealth told SAMEAC that Aged care services are going through a massive reform process – being developed in accordance with the Living Longer Living Better principles.

Under the Commonwealth Aged care reforms the goal is for CALD older people to be better informed to make decisions about their own needs. The Commonwealth funds Multicultural Aged Care through the Partners in Culturally Appropriate Care program to equip aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse communities. Multicultural Aged Care provides a range of activities including training, information sessions, workshops, and resource development.

The Commonwealth advised the Commission that they fund 36 CALD community aged care service providers plus others through auspicing arrangements. They noted that smaller and emerging communities sometimes have difficulty getting funding.

People access information and services through *My Aged Care* (a website and by telephone). SAMEAC agreed to provide an information session for CALD communities to inform them about what services are available and how to access those services.

Community response to SAMEAC, indicates that access to *My Aged Care* by website or telephone is often not a realistic option for many older CALD people. This is consistent with the views expressed by Senator the Hon Concetta Fierravanti-Wells, then Parliamentary Secretary for Social Services.

> I have found, and repeatedly now I am hearing this from advocacy groups in multicultural space that they are increasingly having to meet requests from organisations and from older CALD people who find it very difficult to access the *My Aged Care* portal.[21]

It is noted that the 2016 Commonwealth Budget proposes $136.6 million over four years from 2016-17 to support the operation of the *My Aged Care* contact centre.

My Aged Care is a single entry point to Commonwealth funded aged care services.

Following the community information session to provide information about the Commonwealth Government's Aged Care Reforms, community feedback indicated

that access to the *My Aged Care* by website or telephone is not sufficient for many CALD community members.

Many older CALD community members have neither a computer nor the skills to access and negotiate the *My Aged Care* website.

Research has been undertaken into the use of the Internet because of increasing use of web-based media by government and business as a point of contact and information distribution. Overall, older people from CALD backgrounds have lower rates of internet connection at home than older Anglo-Australians, except for those from Asian countries.[22] Census data found that about 60 per cent of Italian and Greek born aged over 65 did not have an internet connection at home. By comparison 37.5 per cent of Anglo-Australians did not have an internet connection in their home. Note also that living in a home with an internet connection does not necessarily indicate that the person aged over 65 used the internet.

The clear message from CALD community members is that existing internet and telephone arrangements need to be complemented by face-to-face advice and assistance by well-informed people with relevant cultural and language skills. This message was reinforced in the presentation from Multicultural Aged Care which highlighted the need for funding for trained and informed bilingual bicultural "champions" to be a source of trusted and expert information about aged care services.

Appropriate aged care

Issue: Many aged care services do not adequately respond to the cultural and linguistic needs of the clients.

The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds states that all individuals are cultural beings embedded within the cultural and linguistic paradigms of their families, social groups, community, education and experiences.[23]

Research indicates that services need to be tailored to enable older people to maintain continuity with life patterns established at younger ages.

Adelaide Thinker in Residence 2012 – 2013, Alexandre Kalache highlighted the importance of communication as migrants age:

> Communication is an essential ingredient in health and aged care service. This involves both spoken and written language as well as a deep "cultural

intelligence". It is not uncommon for people to revert to their primary languages and culture as they age. Even the concept of nursing home care is unacceptable to many migrants who come from a society where caring for elders in the home is the norm. Managing this requires flexibility, compassion and a deep commitment to cultural diversity. During my residency I heard of a Vietnamese Australian man who was an interpreter in Australia for many years when Vietnamese people were first arriving in Australia after the Vietnam War. He recently died in nursing care with no English ability. As he aged he had lost his memory of English and reverted back to his mother tongue. [24]

SAMEAC notes that some migrants never had a realistic opportunity to learn English. It is noted that the 2016 Commonwealth Budget states that the Adult Migrant English Program will be redesigned to improve client participation, English language proficiency and employment outcomes. Key changes include offering additional hours of English tuition to eligible clients.

The focus on language and on "cultural intelligence" has implications for many aspects of CALD aged care.

In their presentation to SAMEAC, Multicultural Aged Care stated that cultural intelligence refers to the ability to function effectively in culturally diverse situations. It is relevant to making appropriate policy decisions and developing and delivering appropriate services in culturally diverse situations. This includes developing, managing and working in a culturally diverse workforce.

Staff in all aged care service providers should have the ability to function effectively in culturally diverse situations.

Recommendation 1

Cultural competency training for service providers

Employees in all aged care service providers should be required to undertake cultural intelligence training to develop and update their ability to function effectively in culturally diverse situations.

It is generally not practical to use interpreters when delivering day to day aged care services. Under these circumstances it is important that bilingual workers be engaged to deliver services and to provide information about services.

Recommendation 2

Staff with relevant language skills

Aged care service providers should assess the preferred language usage of their clients and engage and recognise bilingual workers with relevant language skills to ensure effective communication.

Recommendation 3

Meeting religious needs

Aged care service providers should provide care which accommodates the religious needs of their clients.

Under the Commonwealth Government's quality and accreditation framework the Australian Aged Care Quality Agency is responsible for accrediting residential care services and conducting quality reviews of home care services.

The Quality Agency assesses residential aged care homes against the Accreditation Standards. There are four principle Standards and forty four expected outcomes which must be complied with. The Standards are:

1. Management systems, staffing and organisational development
2. Health and personal care
3. Care recipient lifestyle
4. Physical environment and safe systems

One of the expected outcomes in the care recipient lifestyle standard is Cultural and Spiritual Life: Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

Language and cultural barriers also play a role in the management of health conditions, including self-management, medication management and communicating with doctors. Many cultural groups have different views about health practices, and some use traditional medicines as a means of self-managing their health conditions. There is a need for clearer instructions on taking medications correctly as well as a need for improved cultural understanding and acknowledgement of traditional medicines by western trained doctors.[25]

It is important that cultural perspectives be reflected not only in matters such as customs and beliefs but also across all forty four expected outcomes associated with a person's care arrangements.

Recommendation 4

CALD perspectives in all areas, for example dealing with family, health, nutrition, emotions

Aged care service providers should take account of CALD perspectives in all aspects of aged care and across all Aged Care Accreditation Standards , and not only in the lifestyle areas of language, food, entertainment and activities.

Where consumers are not proficient in English service providers should use bilingual workers or professional interpreters. Where interpreters are used the aged care service providers should also ensure staff are appropriately trained in how to work with interpreters.

The Commonwealth Government has funded the National Translating and Interpreting Services (TIS) to support approved aged care providers in the delivery of aged care services to people from non-English speaking backgrounds. Under this arrangement a provider can, free of charge, use TIS to negotiate the Home Care Agreement, co-design the care plan and individualised budget. TIS can also be used each month to discuss the consumer's monthly income and expenses statement, so the consumer knows how their budget is being expended.[26]

For home care providers who require an interpreter for their consumer outside of the operational requirements for the program, for example, when consumers are receiving personal care and services that have been agreed through the development of the care plan, under current arrangements all costs incurred are to be borne by the consumer through their home care package funds.

Recommendation 5

No extra charge for an interpreter if needed

Aged care services should be provided in the preferred language of the consumer. Where an interpreter is needed the associated costs should not be borne by the consumer.

Specific CALD groups

Issue: Funding levels for aged care services tend to reflect historic demographic circumstances.

Over several decades a range of ethno-specific and multicultural aged care services have developed and been funded and, for the most part, continue to be funded.

Over those years the composition of the organisations and the level of funding have altered. Concern has been expressed that the level of funding does not reflect the current composition of South Australia's ageing CALD communities. Concern has

also been expressed that there are very limited opportunities for communities with growing numbers of ageing members to receive adequate support to continue to deliver aged care services.

It is noted that with the introduction of Consumer Directed Care in February 2017 resources will not be directly allocated by Government to home care package providers. Payments will be dependent on the choices of those eligible for the services.

From July 2018, the Government intends to integrate the Home Care Packages Programme and the Commonwealth Home Support Programme into a single care at home programme.[27]

Recommendation 6
Services to respond to changing demography – emerging groups
That the Commonwealth Government review arrangements for ethno-specific and multicultural aged care service providers to ensure that services reflect the changing composition of South Australia's ageing CALD communities.

Arrangements for small communities

Issue: It is not always practical to have ethno-specific care arrangements for all CALD ageing in all circumstances. This may be the case if the number of aged members of a cultural group is very small or if the community does not have the capacity to establish and manage all aspects of operating an ethno-specific aged care service.

The Commonwealth Government directly funds about thirty CALD community aged care service providers plus others through auspicing arrangements.

It is not always practical to have ethno-specific care arrangements for all CALD ageing in all circumstances. This may be the case if the number of aged members of a cultural group is very small or if the community does not have the capacity to establish and manage all aspects of operating an ethno-specific aged care service.

In these situations it is appropriate that community organisations be supported to become part of a cluster of specific services. This involves

- working with other organisations which are able to complement or assist with the management of ethno-specific services or
- entering into formal agreements with other larger ethno-specific or generalist service providers to have them provide services which meet their specific cultural and language needs.

These arrangements may involve multicultural or ethno-specific service providers delivering culturally appropriate aged care services under contract to one or more larger, and possibly lower cost, aged care service providers.

Recommendation 7
Support for cluster arrangements for smaller communities
Where circumstances make it difficult for a community to establish and manage their own ethno-specific aged care service, alternative arrangements (such as cluster arrangements) should be available and supported to ensure the availability of services which meet their cultural, linguistic and religious needs.

Adapting to consumer directed care

Issue: Under Consumer Directed Care eligible consumers will be offered a funding package based on an assessment of their needs. Consumers will use *My Aged Care* to select the services to "purchase". The cost will be debited against their funding package. Under this approach customers will choose which types of care they receive and which service provider will deliver the care. They will be able to choose different service providers for different elements of their package. Service providers will therefore be competing against each other to attract and retain customers.

The Federal Government has announced that from February 2017:

- Funding for Home Care Packages will be allocated directly to the consumer, giving them more choice and control in the type of care they receive and which provider delivers the care.
- The packages will be portable, meaning consumers can change their service provider whenever they want and if moving house, they can take the package with them.

Under this approach eligible consumers will be offered a funding package based on an assessment of their needs. The *My Aged Care* website will contain information about the services the customers are eligible to use, the service providers which can provide those services and the amount those providers will charge for those services. Consumers will then be required to use *My Aged Care* to select the services they will "purchase". The cost of the service will be debited against their funding package.

Under this approach customers will be required to choose which types of care they receive and which service provider will deliver the care. Under changes already introduced customers choose a service provider and which services they receive as part of their package. From February 2017 they will be able to choose different service providers for different elements of their package.

A consequence of this approach will be that customers will be choosing services based on

- Preferences for particular providers
- Differences in the nature or quality of the services provided
- Differences in the amounts charged for the services.

Service providers will therefore be competing against each other to attract and retain customers.

Importantly, the introduction of consumer directed care will mean that the allocation of funds will be in the hands of consumers. Funding will not be provided directly to service providers. This approach is intended to provide flexibility and control for older people to be able to access the services they want, when they need them.

The Productivity Commission has previously reported that generalist services can provide appropriate care by employing staff that speak the language and understand the cultures of the people in their care.[28] Ethno-specific agencies can provide services where warranted by the population density.

The consumer directed care approach could have significant implications for service providers.

For example, larger generalist providers may have

- significantly lower per service administration costs
- the capacity to undertake major marketing activities to build brand recognition and loyalty
- the capacity to employ people with a wider range of skills and therefore be able to offer a wider range of services.

Smaller ethno-specific providers may aim to

- build market loyalty within their own communities
- draw on the contribution of community volunteers to deliver some services
- focus on the provision of culturally, linguistically or religiously specialised services.

Nevertheless, other providers will have a financial incentive to develop specialised services, market themselves through the ethnic media and at community events and recruit staff with the necessary cultural, linguistic or religious skills and knowledge.

The consumer directed care approach may ultimately mean that many or event most ethnic community base aged care service providers will become unviable using their existing business model.

There is widespread apprehension among ethnic communities and ethnic community aged care providers about the future availability of appropriate aged care services for their community members.

Recommendation 8
Responding to Consumer Directed Care arrangements
That ethno-specific aged care service providers be supported to adapt to the consequences of consumer directed care.

Under current arrangements, to receive Commonwealth Government subsidies for providing aged care, an operator of an aged care service must have an allocation of places.[29] Under the consumer directed care approach service providers will not be allocated a certain number of service packages.

Existing aged care service providers will be eligible to offer services.

The Commonwealth Government has an application process for prospective providers.

Although some services can be appropriately provided by generic service providers many aged community members would be better served by organisations with full knowledge of their language, culture and religion and with which they have an established trust relationship and understanding.

It is anticipated that some small communities may need support in applying for and developing culturally appropriate aged care services for their community members.

These services may be delivered through an independent CALD service provider or as part of a cluster of service providers.

Recommendation 9
Pathways for new service providers
That the Commonwealth Government consider providing supported and realistic pathways and opportunities for CALD community organisations to become approved aged care service providers.

While service delivery funding will be managed through the Consumer Directed Care approach the is no clarity regarding future sector level support. As described above, the Commonwealth Government funds one Partners in Culturally Appropriate Care (PICAC) organisation in each state and territory to equip aged care providers to

deliver culturally appropriate care to older people from culturally and linguistically diverse communities. It is important that this sector level support be continued.

Recommendation 10
Continuation of sector support
That the Commonwealth Government be encouraged to continue funding for the Partners in Culturally Appropriate Care program to support the to delivery of culturally appropriate care to older people from culturally and linguistically diverse communities.

Dementia

Issue: There is a reported unmet need for additional dementia care for people from culturally and linguistically diverse backgrounds.

Hogan has reported that providing linguistically appropriate care to CALD people with dementia is particularly important as they often experience language reversion and forget their acquired English due to a cognitive impairment.[30] Projections undertaken for Alzheimer's Australia, estimated that, by 2050, 6.4 per cent of people with dementia would speak a European language at home, 3.8 per cent an Asian language, and just under 1 per cent a Middle Eastern language.[31]

The Department of Social Services funds a number of activities to support people affected by dementia. The analysis of the activities found many aspects are working well.

However, the analysis also found

- a lack of national consistency and coordination of workforce education and training services; and
- unmet needs within some consumer cohorts, including people from culturally and linguistically diverse backgrounds.[32]

Recommendation 11
Providing adequate dementia care
That the Commonwealth Government be encouraged to address the unmet need for dedicated efforts to raise awareness and increase access for dementia care people from culturally and linguistically diverse backgrounds.

Aged Care Programs

1. Commonwealth Home Support Programme

On 1 July 2015, the new Commonwealth Home Support Programme (CHSP) was introduced. The CHSP is intended to help older people stay independent and in their homes and communities for longer.

The CHSP is the entry level of Australia's aged care system for older people who need assistance with daily living to remain living independently at home. Carers of these clients also benefit from services provided through the CHSP.

The CHSP brings together four previous programs:

- Home and Community Care (HACC) program
- National Respite for Carers Programme (NRCP)
- The Day Therapy Centres program (DTC)
- The Assistance with Care and Housing for the Aged program (ACHA)

People receiving services under the existing programs will continue to receive the same level of support under the CHSP.

The CHSP is structured to support four main sub-programs:

- Community and Home Support provides entry-level services to support older people to live independently at home and in the community, for example meals, domestic assistance and transport.
- Care Relationships and Carer Support supports and maintains care relationships between older people and their carers.
- Assistance with Care and Housing supports vulnerable clients to remain in the community through accessing appropriate, sustainable and affordable housing and linking them where appropriate, to community care and other support services.
- Service System Development supports the development of the community aged care service system in a way that meets the aims of the program and broader aged care system.

From 1 July 2015, the new My Aged Care Regional Assessment Service (RAS) has been responsible for providing assessment services for the home support needs of older people. This service provides support for locating and accessing suitable services based on the needs and preferences of older people. Assessment is carried out face to face with a focus on a holistic, person centred, goal oriented approach to support planning. This approach to assessment is intended to ensure that the allocation of services is based on the needs of older people, and not limited by the scope of services that a particular service provider may offer.

Existing clients are not required to be assessed by My Aged Care to continue receiving the services they currently receive.

While RAS provide assessments for the Commonwealth Home Support Programme services, customers require an Aged Care Assessment Team assessment for Home Care Package Programme services.

Wellness, re-ablement and restorative approaches

Three complementary concepts underpin the CHSP.

- Wellness is a philosophy that focuses on client independence and autonomy, and is embedded across all CHSP service delivery.
- The provision of re-ablement services is part of this philosophy, and is a time limited intervention facilitated by the home support assessments, referrals and service pathways overseen by the My Aged Care RAS.
- For a smaller subset of older people, restorative care may be appropriate. This time limited, allied health led approach focuses on older people who can make a functional gain after a setback. Further work will be undertaken with the sector to develop a set of resources that help providers embed wellness and re-ablement approaches in their day to day service delivery.

Sector support and development activity

The range of sector support and development activities funded within existing programs is being reviewed to ensure they continue to meet the needs of the new program. In the first instance, the process will identify any activities that are currently funded under sector support and development but should more appropriately be classified as service delivery. While this is occurring existing funding contracts were extended to 31 October 2015.

Client Contribution Framework

Over time, those providers who have not previously required clients to make a contribution for the services they receive can introduce a contribution policy with a view to supporting ongoing service delivery and utilising the additional revenue to expand their services. Currently around 10% of revenue comes from client contributions - this is expected to grow overtime. Client contributions collected should gradually increase to a minimum of 15% of the service provider's grant revenue. The Department will commence monitoring the revenue from client contributions after the second six-monthly reporting period.

2. Home Care Packages Programme

The objectives of the Home Care Packages Programme are:

- to assist people to remain living at home; and
- to enable consumers to have choice and flexibility in the way that the consumer's aged care and support is provided at home.

There are four levels of Home Care Packages:

- Home Care Level 1 – a package to support people with basic care needs.
- Home Care Level 2 – a package to support people with low level care needs, equivalent to the former Community Aged Care Package (CACP).
- Home Care Level 3 – a package to support people with intermediate care needs.
- Home Care Level 4 – a package to support people with high care needs equivalent to the former Extended Aged Care at Home (EACH) package.

Consumer Directed Care (CDC)

From 1 August 2013, all new packages have been required to be delivered on a CDC basis. From July 2015, all packages operate on a CDC basis.

CDC is a way of delivering services that allows consumers to have greater control over their own lives by allowing them to make choices about the types of aged care and services they access and the delivery of those services, including who will deliver the services and when. Under a CDC approach, consumers are encouraged to identify goals, which could include independence, wellness and re-ablement. These form the basis of the Home Care Agreement and care plan.

The consumer decides the level of involvement they wish to have in managing their package, which could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package.

Through the introduction of an individualised budget, CDC provides greater transparency to the consumer about what funding is available under the package and how those funds are spent.

The following principles underpin the operation and delivery of packages on a CDC basis.

- Consumer choice and control
- Rights to individualised aged care services and support
- Respectful and balanced between consumers and home care providers
- Community and civic participation for older people, if they want to be involved
- Wellness and re-ablement, potentially reducing the need for ongoing and/or higher levels of service delivery.

Aged Care Programs

3. Residential Aged Care Services

Residential aged care is for older people who can no longer live at home due to frailty, disability, illness, the death of a partner or, the needs of a carer, family or friend. Most people choose to live at home and there are many supports and services that can assist older people to do this, however when it is no longer possible to manage at home, residential aged care services provide older people with continuous supported care.

Aged care homes are owned and operated by individuals and organisations that have Commonwealth Government approval to provide residential care.

Planning, funding and regulation of residential aged care facilities is the responsibility of the Commonwealth Government.

Entry to residential aged care services is through the Aged Care Assessment Team. This service will assess the needs of the person to determine their eligibility and provide approval for a place in a residential aged care facility.

Aged care homes provide varying levels of support ranging from daily tasks and personal care to 24-hour nursing care.

Residential aged care can be offered as either permanent or short-term care, referred to as respite care.

If less care is required than is offered by aged care homes, independent living units or retirement villages offer supportive communities with a range of services for older people. They are regulated by State and Territory Governments.

Department of Social Services data on aged care places (2014)

ABS projected number of older Australians in future years

Age group	2014	2024	2034	2044	2054
	Number of older Australians ('000)				
65 years +	3,451	4,737	6,064	7,140	8,392
70 years +	2,332	3,364	4,552	5,486	6,307
75 years +	1,514	2,194	3,107	3,874	4,476
80 years +	904	1,224	1,887	2,519	2,984
85 years +	455	595	955	1,349	1,662
90 years +	161	229	339	552	754
Total population	23,524	27,690	31,665	35,401	39,036
	Per cent of total population				
65 years +	14.7	17.1	19.2	20.2	21.5
70 years +	9.9	12.1	14.4	15.5	16.2
75 years +	6.4	7.9	9.8	10.9	11.5
80 years +	3.8	4.4	6.0	7.1	7.6
85 years +	1.9	2.1	3.0	3.8	4.3
90 years +	0.7	0.8	1.1	1.6	1.9

Number of people in Australian Government subsidised aged care places 2010–2014

Care type	2010	2011	2012	2013	2014
Residential care (permanent & respite)	166,338	168,998	171,065	173,094	176,816
Home care	47,642	50,853	53,975	56,515	59,739
Total residential & home care	213,980	219,851	225,040	229,609	236,555
Transition care	2,269	2,869	3,367	3,424	3,339
Grand total	216,249	222,720	228,407	233,033	239,894

Places per 1,000 people aged 70 years and over (30 June 2014)

State/ territory	Residential care	Home care low	Home care high	Total home care	Total residential plus home care	Transition care	Grand total
NSW	84.5	21.9	4.8	26.7	111.2	1.7	112.9
Vic	84.1	22.0	5.0	27.0	111.1	1.7	112.8
Qld	78.8	22.4	7.2	29.5	108.3	1.7	110.0
WA	74.4	22.3	13.4	35.7	110.0	1.6	111.6
SA	**91.5**	22.4	4.3	**26.7**	**118.2**	1.8	120.0
Tas	80.0	21.9	5.6	27.5	107.5	1.8	109.2
ACT	70.6	23.5	16.6	40.1	110.7	2.0	112.7
NT	76.4	101.3	21.2	122.5	198.9	3.4	202.2
Australia	**82.6**	22.4	6.3	**28.7**	**111.3**	1.7	113.0

Australian Government subsidised aged care places 2010– 2014 (30 June)

Care type	2010	2011	2012	2013	2014
Residential care	182,936	185,559	187,941	189,761	192,834
Home care	51,530	58,471	60,949	61,087	66,954
Total residential & home care	234,466	244,030	248,890	250,848	259,788
Transition care	2,698	3,349	4,000	4,000	4,000
Grand total	237,164	247,379	252,890	254,848	263,788

Aged care places by provider organisation type (30June 2014)

Provider organisation type	Residential care	Home care	Total
Not-for-profit	57%	81%	63%
For-profit	37%	10%	30%
State & local government	7%	9%	7%
Total	100%	100%	100%

Number of people in aged care (30 June 2014)
Source: 2013–14 Concise Facts & Figures in Aged Care
https://www.dss.gov.au/.../att_a_-_2013-14_concise_facts_figures_in_aged_care.pdf

People	Residential care (permanent & respite)	Home care packages (a)	Transition care	All HACC (2013–14) (b)
Average age (years)	84.5	82.3	80.3	71.7
Proportion aged 65+	96%	96%	95%	77%
Proportion aged 70+	93%	91%	87%	69%
Proportion aged 80+	77%	66%	59%	42%
Proportion aged 90+	31%	18%	14%	9%
Proportion CALD	18%	24%	21%	20%

Percentage of residents and consumers in aged care with preferred language other than English 2010–2014 (30 June) (per cent)

Source: 2013–14 Concise Facts & Figures in Aged Care
https://www.dss.gov.au/.../att_a_-_2013-14_concise_facts_figures_in_aged_care.pdf

Programs	2010	2011	2012	2013	2014
Residential care (permanent & respite)	9.6	9.6	9.6	9.6	9.5
Home care	14.8	14.7	14.3	14.1	n.a.
Total residential & home care	**10.7**	**10.8**	**10.7**	**10.7**	**n.a.**

Aged care recipients of all ages from non-English speaking countries as a proportion of all aged care recipients, 30June

Productivity Commission, *Report on Government Services*, Chapter 13, Aged Care Services, Table 13A.24, 2015, http://www.pc.gov.au/research/recurring/report-on-government-services/2015/community-services/aged-care-services/rogs-2015-volumef-chapter13.pdf

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
High care residential									
2014 %	20.1	24.7	10.0	18.6	17.9	6.9	20.7	13.5	18.8
Low care residential									
2014 %	14.1	16.6	8.9	15.4	13.2	4.6	12.4	8.2	13.7
Home Care Levels 1–2									
2014 %	23.9	31.7	14.5	25.7	20.0	10.9	18.1	8.4	23.6
Home Care Levels 3–4									
2014 %	27.9	35.7	13.9	23.6	20.7	9.0	29.3	18.9	24.8

Communities with largest numbers of people aged 65 and above (2011 Census)

Birthplace	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 & over	65+
Italy	1139	1886	3063	2484	3271	3323	2395	1234	286	68	9	13070
Greece	605	916	1251	1387	1679	1640	964	368	85	17	5	6145
Germany	654	938	2228	1553	1062	903	1171	533	131	23	4	5380
Netherlands	486	993	1536	1145	720	551	442	313	120	19	0	3310
Poland	567	699	546	307	316	280	386	510	112	24	0	1935
Croatia	283	321	334	346	435	299	163	75	24	0	0	1342
India	457	350	335	338	234	202	162	91	31	7	0	1065
Vietnam	1496	1138	630	327	232	185	161	71	25	4	0	1005
Hungary	49	137	137	146	229	191	128	96	28	6	0	824
China	554	478	368	258	193	164	100	64	18	7	0	804
Malta	127	229	321	248	188	155	112	51	15	5	0	774
Austria	67	158	293	227	134	179	136	69	23	6	0	774
Ukraine	41	22	26	49	92	75	116	255	51	5	4	647
Cyprus	115	123	216	178	158	119	91	44	16	6	0	612
Latvia	4	9	6	100	131	78	126	126	31	9	0	601
Malaysia	347	401	426	245	144	59	56	25	6	4	0	539
South Africa	411	322	264	196	131	72	60	27	14	4	0	504
Philippines	786	574	368	217	117	76	35	19	6	4	0	474
Egypt	74	101	140	125	94	68	63	44	14	4	0	412
Serbia	115	118	135	102	106	87	53	29	16	3	0	396
Lithuania	5	0	4	44	46	56	59	87	24	0	0	316
Russian Federation	72	48	21	36	59	53	57	68	32	7	0	312
Slovenia	16	26	32	53	92	77	60	18	7	0	0	307
Lebanon	155	163	129	98	73	53	43	24	5	0	0	296
Bosnia and Herzegovina	238	223	126	91	83	70	24	7	0	0	0	275
France	120	75	111	75	66	56	37	26	3	0	0	263
Cambodia	275	260	164	110	60	37	25	13	7	9	0	261
Sri Lanka	130	91	84	81	54	44	14	19	10	0	0	222
Spain	100	74	50	45	46	69	40	12	10	0	0	222
Iran	193	123	103	65	48	37	19	19	8	0	0	196
Czech Republic	35	56	61	52	27	37	49	25	5	0	0	195
Denmark	36	60	83	67	53	31	29	9	0	0	0	189
Romania	137	93	55	29	39	46	37	32	5	0	0	188
Indonesia	89	71	110	36	55	41	22	20	7	0	0	181

Communities with largest numbers of people aged 80 and above (2011 Census)

Birthplace	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 & over	80+
Italy	1139	1886	3063	2484	3271	3323	2395	1234	286	68	9	3992
Germany	654	938	2228	1553	1062	903	1171	533	131	23	4	1862
Greece	605	916	1251	1387	1679	1640	964	368	85	17	5	1439
Poland	567	699	546	307	316	280	386	510	112	24	0	1032
Netherlands	486	993	1536	1145	720	551	442	313	120	19	0	894
Ukraine	41	22	26	49	92	75	116	255	51	5	4	431
Latvia	4	9	6	100	131	78	126	126	31	9	0	292
India	457	350	335	338	234	202	162	91	31	7	0	291
Croatia	283	321	334	346	435	299	163	75	24	0	0	262
Vietnam	1496	1138	630	327	232	185	161	71	25	4	0	261
Hungary	49	137	137	146	229	191	128	96	28	6	0	258
Austria	67	158	293	227	134	179	136	69	23	6	0	234
China	554	478	368	258	193	164	100	64	18	7	0	189
Malta	127	229	321	248	188	155	112	51	15	5	0	183
Lithuania	5	0	4	44	46	56	59	87	24	0	0	170
Russian Federation	72	48	21	36	59	53	57	68	32	7	0	164
Cyprus	115	123	216	178	158	119	91	44	16	6	0	157
Egypt	74	101	140	125	94	68	63	44	14	4	0	125
South Africa	411	322	264	196	131	72	60	27	14	4	0	105
Serbia	115	118	135	102	106	87	53	29	16	3	0	101
Estonia	0	0	4	24	31	28	28	44	21	5	0	98
Malaysia	347	401	426	245	144	59	56	25	6	4	0	91
Slovenia	16	26	32	53	92	77	60	18	7	0	0	85
Czech Republic	35	56	61	52	27	37	49	25	5	0	0	79
Romania	137	93	55	29	39	46	37	32	5	0	0	74
Lebanon	155	163	129	98	73	53	43	24	5	0	0	72
France	120	75	111	75	66	56	37	26	3	0	0	66
Philippines	786	574	368	217	117	76	35	19	6	4	0	64
Spain	100	74	50	45	46	69	40	12	10	0	0	62
Cambodia	275	260	164	110	60	37	25	13	7	9	0	54
Turkey	52	56	45	21	35	28	25	18	11	0	0	54
Indonesia	89	71	110	36	55	41	22	20	7	0	0	49
Iran	193	123	103	65	48	37	19	19	8	0	0	46
Finland	62	75	69	51	40	29	31	11	3	0	0	45

Communities with largest percentage of people aged 65 and above (2011 Census)

Birthplace	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 & over	Total 0-100+	65+	% 65+
Latvia	4	9	6	100	131	78	126	126	31	9	0	673	601	89
Estonia	0	0	4	24	31	28	28	44	21	5	0	204	181	89
Lithuania	5	0	4	44	46	56	59	87	24	0	0	358	316	88
Slovenia	16	26	32	53	92	77	60	18	7	0	0	429	307	72
Italy	1139	1886	3063	2484	3271	3323	2395	1234	286	68	9	20707	13070	63
Greece	605	916	1251	1387	1679	1640	964	368	85	17	5	9757	6145	63
Hungary	49	137	137	146	229	191	128	96	28	6	0	1365	824	60
Ukraine	41	22	26	49	92	75	116	255	51	5	4	1075	647	60
Guyana	0	9	0	8	8	0	0	0	0	0	0	29	16	55
Austria	67	158	293	227	134	179	136	69	23	6	0	1518	774	51
Gaza Strip and West Bank	4	9	14	23	19	7	12	4	0	0	0	128	65	51
Malta	127	229	321	248	188	155	112	51	15	5	0	1570	774	49
Germany	654	938	2228	1553	1062	903	1171	533	131	23	4	11409	5380	47
Cyprus	115	123	216	178	158	119	91	44	16	6	0	1335	612	46
Netherlands	486	993	1536	1145	720	551	442	313	120	19	0	7282	3310	45
Croatia	283	321	334	346	435	299	163	75	24	0	0	3132	1342	43
Belarus	0	0	0	4	14	5	6	6	0	0	0	92	35	38
Czech Republic	35	56	61	52	27	37	49	25	5	0	0	536	195	36
Former Yugoslav Republic of Macedonia (FYROM)	33	46	46	32	33	48	11	10	0	0	0	384	134	35
Poland	567	699	546	307	316	280	386	510	112	24	0	5552	1935	35
Finland	62	75	69	51	40	29	31	11	3	0	0	478	165	35
Denmark	36	60	83	67	53	31	29	9	0	0	0	558	189	34
Egypt	74	101	140	125	94	68	63	44	14	4	0	1232	412	33
Montenegro	3	3	9	10	8	6	0	0	0	0	0	76	24	32
Algeria	12	6	6	5	5	5	0	5	0	0	0	64	20	31
Spain	100	74	50	45	46	69	40	12	10	0	0	722	222	31
Serbia	115	118	135	102	106	87	53	29	16	3	0	1352	396	29
Bulgaria	32	36	17	13	21	24	22	16	7	0	0	352	103	29
Uruguay	17	9	11	9	13	8	4	0	0	0	0	129	34	26
Belgium	44	51	66	30	17	32	11	16	5	3	0	434	114	26
Russian Federation	72	48	21	36	59	53	57	68	32	7	0	1247	312	25
Slovakia	29	24	32	23	12	13	25	5	0	0	0	318	78	25
Turkey	52	56	45	21	35	28	25	18	11	0	0	623	138	22

Communities with largest percentage of people aged 80 and above (2011 Census)

Birthplace	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 & over	Total 0-100+	80+	% 80+
Estonia	0	0	4	24	31	28	28	44	21	5	0	204	98	48
Lithuania	5	0	4	44	46	56	59	87	24	0	0	358	170	47
Latvia	4	9	6	100	131	78	126	126	31	9	0	673	292	43
Ukraine	41	22	26	49	92	75	116	255	51	5	4	1075	431	40
Slovenia	16	26	32	53	92	77	60	18	7	0	0	429	85	20
Italy	1139	1886	3063	2484	3271	3323	2395	1234	286	68	9	20707	3992	19
Hungary	49	137	137	146	229	191	128	96	28	6	0	1365	258	19
Poland	567	699	546	307	316	280	386	510	112	24	0	5552	1032	19
Germany	654	938	2228	1553	1062	903	1171	533	131	23	4	11409	1862	16
Austria	67	158	293	227	134	179	136	69	23	6	0	1518	234	15
Greece	605	916	1251	1387	1679	1640	964	368	85	17	5	9757	1439	15
Czech Republic	35	56	61	52	27	37	49	25	5	0	0	536	79	15
Russian Federation	72	48	21	36	59	53	57	68	32	7	0	1247	164	13
Belarus	0	0	0	4	14	5	6	6	0	0	0	92	12	13
Bulgaria	32	36	17	13	21	24	22	16	7	0	0	352	45	13
Gaza Strip and West Bank	4	9	14	23	19	7	12	4	0	0	0	128	16	13
Netherlands	486	993	1536	1145	720	551	442	313	120	19	0	7282	894	12
Cyprus	115	123	216	178	158	119	91	44	16	6	0	1335	157	12
Malta	127	229	321	248	188	155	112	51	15	5	0	1570	183	12
Egypt	74	101	140	125	94	68	63	44	14	4	0	1232	125	10

Agencies making a presentation to SAMEAC about CALD ageing

Department of Social Services

- Christine Steele, State Director
- Liz Edwards, Director Community Aged Care Programmes

Office for the Ageing (DHA)

- Jeanette Walters, Manager, Policy and Programs (Office for the Ageing)

Multicultural Aged Care

- Ms Rosa Colanero, Chief Executive Officer

Ethnic Link Services

- Ms Angelika Tyrone, Manager
- Ms Tina Karanastasis, Senior Program Manager, Ethnic Link Services

Council on the Ageing

- Ms Jane Mussared, Chief Executive Officer

Local Government Association

- Lisa Teburea, Executive Director, Public Affairs

Australian Population and Migration Research Centre (University of Adelaide)

- Dr Helen Feist, Acting Director,

Footnotes

[1] Australian Bureau of Statistics, 3101.0 - *Australian Demographic Statistics*, Jun 2014

[2] South Australian Government. *Prosperity Through Longevity: South Australia's Ageing Plan Our Vision 2014-2019*

[3] South Australian Government. *Prosperity Through Longevity: South Australia's Ageing Plan Our Vision 2014-2019*

[4] Australian Bureau of Statistics, 2011 Census

[5] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*, 2012, p.1

[6] Australian Bureau of Statistics, 2011 Census

[7] Federation of Ethnic Communities Councils of Australia. *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* Research undertaken by the Australian Population and Migration Research Centre, March 2015. p.7-8.

[8] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*, 2012, p.1

[9] Australian Bureau of Statistics, 2011 Census

[10] Productivity Commission, *Caring for Older Australians*, June 2011, p.46

[11] Productivity Commission, *An Ageing Australia: Preparing for the Future*, November 2013, p.148

[12] Productivity Commission, *Caring for Older Australians*, June 2011, p.46

[13] Productivity Commission, *Caring for Older Australians*, June 2011, p.48.

[14] AIHW (Australian Institute of Health and Welfare) *Older Australia at a Glance*, 4th edn, Cat. no. AGE 52, Canberra, table 43.1, p. 147

[15] National Seniors Australia Productive Ageing Centre, *The Ageing Experience of Australians from Migrant Backgrounds*, 2011. Australian Government: Department of Health and Ageing. p.27

[16] Federation of Ethnic Communities Councils of Australia. *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* Research undertaken by the Australian Population and Migration Research Centre, March 2015. p.16

[17] Federation of Ethnic Communities Councils of Australia. *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* Research undertaken by the Australian Population and Migration Research Centre, March 2015. p.4.

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