

AUSTRALIAN MOSAIC

► The magazine of the Federation of Ethnic Communities' Councils of Australia Autumn 2016

► IMPROVING THE HEALTHY AGEING EXPERIENCE OF OLDER CALD AUSTRALIANS

Integrating research,
policy and practice



Issue

43

AUSTRALIAN MOSAIC

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A MESSAGE FROM THE FECCA CHAIRPERSON

JOSEPH CAPUTO OAM JP



Welcome to the 2016 autumn edition of our *Australian Mosaic* magazine. This edition focuses on improving the healthy ageing experience of older CALD Australians.

In this edition we have partnered with the National Ageing Research Institute (NARI)-established in 1975, NARI is a leading research institute in Australia dedicated to improving the life and health of older people through research and the translation of research into practice.

NARI was also our partner in the recent FECCA-NARI National Roundtable. Participants of the Roundtable brought their expertise to analyse the gaps in research about CALD older people, and worked towards a strategic agenda on advancing research around ageing in CALD communities.

Migrant communities are ageing at a much faster rate than the population at large. The 2011 Census indicates that 20.1 per cent of Australians 65+ were born in non-English speaking countries. On current projections, in 2020 30 per cent of the population aged 65 years and above will be from CALD backgrounds.

FECCA's 2020 Vision for Older CALD Australians outlines that it is vital that older CALD Australians receive equitable access of care. Increasing consumer choice, control and flexibility is key to meeting older CALD Australians individual needs.

FECCA's vision for older CALD Australians aims to foster choice and control so that diverse seniors can age with dignity. Our vision entails building individual capacity, to empower seniors from migrant backgrounds to know about, understand how to access the aged care service system and choose services that meet their needs.

Barriers faced by older CALD Australians are things like language barriers, lack of awareness of available services, a mistrust of government institutions, limited access to the internet, and lack of both skills in, and access to information technology.



With existing evidence to indicate that Australia's older migrants and refugees face multiple disadvantages across a number of indicators, it is critical that resourcing, funding, programs and services meet the needs of Australia's ageing population.

We also know that older Australians, particularly from CALD backgrounds, prefer to stay out of aged care homes. However, a culturally competent workforce can help ethnically diverse seniors to fulfil their own aspirations, and help them to receive the choice and control to meet their specific needs.

Ethno-specific services staffed by a bi-lingual and bi-cultural workforce are also well positioned to effectively address a number of CALD competency barriers that are frequently faced by mainstream providers.

At FECCA, we consider research central to informing better practice and policy. We also believe that targeted programs and services assist CALD people to become empowered to make decisions for their aged care, as well as having additional information provided in a culturally appropriate manner, and in their preferred language, is essential to healthy ageing.

We are committed to working with the Australian Government, members, stakeholders and the community to improve the healthy ageing experience for older CALD Australians.

I hope that the articles in this edition assist our readers to better understand the need for research to improve the healthy ageing experience of older CALD Australians. My thanks to NARI for partnering with us on this important edition.



A MESSAGE FROM THE FECCA DIRECTOR

GULNARA ABBASOVA



The principal theme from the articles in this edition was the necessity for collaboration between sectors to ensure an improvement in the ageing experience for Australians from culturally and linguistically diverse (CALD) backgrounds. In addition, it is imperative that moving forward, research, policy and practice is inclusive, culturally appropriate and culturally aware.

Our partner in this edition of Australian Mosaic is the National Ageing Research Institute. Associate Professor Briony Dow is the Director of NARI and discusses in her article the need for more research around ageing. She puts forward a case for collaborative research, combining expertise from the ageing research sector, ethnic sector and older person advocacy groups. Briony identifies that investment in research around ageing is currently going to those who speak English, presenting a distinct disadvantage to those from a non-English speaking background. With barriers to overcome, the Roundtable was an important step in bridging this gap.

The Hon Ken Wyatt AM AP, Assistant Minister for Health and Aged Care, considers the importance of Australia's diversity and the need for it to be reflected in research, policy and practice when looking at ageing and aged care. The Minister also reiterated the Australian Government's commitment to providing support and funding to older Australians from diverse backgrounds through initiatives such as the PICAC programme, the My Aged Care website and the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds, with a view to review programmes to ensure they meet the needs of this cohort.

Senator Rachel Siewert, Australian Greens Senator for Western Australia, provides a summary of the aged care sector workforce inquiry. In particular, she raises the issues around inclusivity for people from

culturally and linguistically diverse backgrounds. The inquiry fielded 295 submissions and identified a need for culturally appropriate home care, residential facilities and respite. Senator Siewert also states that all workers should have cultural competency training.

The National Ageing Research Institute (NARI) outline a number of research projects they are currently involved with centred on CALD ageing. The projects have a focus on access, equity, healthy ageing and promoting the contributions of older CALD Australians. All projects aim to create an evidence-base that is then used to shape service provision and policy development. For example, in an Australian-first study, NARI has investigated depression and anxiety among older Chinese immigrants, which has led to the development of a practical guide on translating and culturally adapting mental health screening and assessment tools.

Dr Helen Feist discusses that with Australia's rapidly ageing population, it is critical that appropriate strategies are put in place to ensure the wellbeing of older Australians. However, with almost half the population a first or second-generation migrant, it's crucial that policy and practice is focused and inclusive, incorporating the ageing needs of culturally and linguistically diverse Australians. Helen denotes that a robust evidence-base is crucial for good policy and practice. The 2015 FECCA review of Australian research on older people from CALD backgrounds identified that current research has many gaps and that there is still a lot of work to be done in this area.

In 2014, the Australian Institute of Health and Welfare (AIHW) undertook a data project to support Goal 6 of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds. Dr Merry Uebel-Yan, Project Manager at the AIHW presents a summary of the 2014 AIHW publication in this article. She provides an update on recent relevant developments in aged care, such as the introduction of the 'my aged care' website and contact centre, and the implication of CALD measures data collection on this.





Ada Cheng reflects upon the FECCA-NARI Roundtable held in Canberra. She also argues that the creation of ethno-specific services fosters healthy ageing for older CALD Australians. Ada states that for older people, being within their community enables them to communicate freely, share stories and practice their culture.

Dr Irene Bouzo provides insight into the work that the Ethnic Communities' Council of Victoria has been doing to improve ethnic aged care in Victoria. She also argues for the need for culturally inclusive and evidence-based research to improve the life and health of older people from culturally and linguistically diverse backgrounds. The critical message to take from this article is that, unless responsive and adaptive strategies are in place in the multicultural sector, older CALD people are at risk of becoming more disadvantaged and missing out on much needed support.

With more than 300,000 people diagnosed with dementia in Australia and thirty-eight per cent of the Vietnamese population above the age of 50 years, dementia is a national health priority for the Australian Government. As a Senior Research Fellow in the RDNS Institute, Dr Dianne Goeman discusses the innovation of a 'talking book', produced for older people of Vietnamese background who experience dementia. The 'talking book' is a person-centred approach to care, providing strategies for carers and families to assist with the management of the condition. It can also be used as a teaching and learning resource to support health professionals in the care of Vietnamese clients.

Associate Professor Irene Blackberry adds a different perspective, discussing the social participation, integration, service and support for older CALD people residing in rural areas. She argues that there are well-documented barriers faced by older people in rural communities, and additional challenges faced by older people from CALD backgrounds. However, due to the relatively smaller population



of ethnic seniors in rural areas, there is a lack of important culturally specific services and support. Professor Blackberry states the significance of social and health services for older people from CALD backgrounds in rural areas, and the need for greater cognizance of this group's unique needs.

This article explores the necessity of culturally appropriate care for older CALD Australians in residential aged care. Associate Professor Lee-Fay Low passionately states that it is time to address inequalities in service provision and the inadequacy of care for people from CALD backgrounds in residential aged care. She also makes a case for aged care policy to consider how it should be executed in relation to CALD clients, anticipating possible barriers unique to this cohort.

Thank you to Briony Dow and her team, for your collaboration on this instructive edition, and for reinforcing the importance of partnerships, to improve the healthy ageing experience of older CALD Australians.

A MESSAGE FROM THE NARI DIRECTOR

ASSOCIATE PROFESSOR BRIONY DOW



Associate Professor Briony Dow is the Director of NARI where she manages a program of research encompassing improving care for older people in Victorian health services, falls and balance, healthy ageing, diversity in ageing, ageing and mental health (including carers' mental health, elder abuse and intergenerational relationships). Associate Professor Dow is involved in a range of research projects focusing on older people's mental health, including the Improving Mood through Physical Activity for Carers and Care Recipients Trial (IMPACCT), an NHMRC-funded study investigating the impact on depression of an individually tailored home-based exercise program that carers can do with the person they care for, and a beyondblue-funded study aiming to improve mental health outcomes for older lesbian, gay, bisexual, transgender and intersex people. She recently completed a paper on mature age workforce participation for the Ministerial Advisory Council for Senior Victorians. Associate Professor Dow is the immediate past National President of the Australian Association of Gerontology.

The National Ageing Research Institute (NARI) has a long history of translational research with older people from culturally and linguistically diverse (CALD) backgrounds. We have explored healthy ageing, mental health, dementia, elder abuse, and issues about service system access with people from a range of CALD groups including Chinese, Arabic speaking, Spanish, Italian, Vietnamese, and Eritrean. We have also sought to include older people from CALD backgrounds in all our research programs.

A major part of our work is to explore the needs and priorities of older people from CALD backgrounds in partnership with older people themselves and their representative organisations – we have sought to answer questions such as: What do they see as the issues? How do they understand and respond to some of the challenges and opportunities of getting older, such as dementia, being a carer, experiencing elder abuse, mental health issues and retirement and healthy ageing? Is there stigma associated with these conditions for specific cultural groups?

Our research highlights that older people from CALD backgrounds present later for services, including screening and diagnosis of health conditions, they often present at crisis point. Our work attempts to understand why this is the case. Is it due to language barriers or cultural inappropriateness of the services or do aged care and health services simply not meet the needs of these diverse groups as they see them? It may also be a combination of these issues.

We know there is a lot to learn about older CALD people's needs, experiences of ageing in Australia, and preferences. We need more research and this research should be collaborative, drawing together expertise from the ageing research sector, the ethnic sector and older person advocacy groups.

Once the answers to these and other research questions become clearer, we can put knowledge into practice and develop a service system that better meets the needs of these diverse groups, whether that is health promotion opportunities,



workforce opportunities, primary care, hospital and health services, aged and community care, housing or community development programs.

The health and aged care systems should be seamless and respond to older people in all their diversity, be flexible and accessible. There is a great need for evaluation of current aged and health care policy and practice to ensure that CALD older people are not disadvantaged, and to ensure they are not locked out due to lack of health literacy, English language skills or technological expertise.

For these reasons, we partnered with the Federation of Ethnic Communities' Councils of Australia (FECCA) to convene a roundtable on CALD ageing research in Canberra in March. We invited the 18 Australian Association of Gerontology (AAG) collaborating research centres to each send a representative, and we also identified other researchers we knew were interested in this area. FECCA invited representatives of the ethnic sector and key older person advocacy groups, such as the Council on the Ageing, Carers Australia and Alzheimer's Australia. We were delighted to see the level of interest from both major political parties with representatives from both government and opposition attending the roundtable. In all around 50 people attended.

One of the major issues discussed was the exclusion of older CALD people from current research. At present, older people from CALD backgrounds are often excluded from research. There are a number of reasons for this.

- Older people from CALD backgrounds may **lack literacy** or health literacy to enable them to participate in research, especially to complete surveys
- Research questions/methodologies **may not be culturally appropriate** or of interest to the particular CALD group
- **It takes time** to work with CALD communities in a respectful partnership to gain their trust and participation in the research process
- **It costs money** to translate or interpret materials or to ensure measures or interventions are culturally responsive



This lack of involvement is problematic. It not only means that we lack direct knowledge about the needs and experiences of older people from CALD backgrounds, it also means that our research to date lacks scientific rigour. All quantitative studies of older people in Australia that have omitted people who do not speak English are potentially excluding 20% of the older population so it is an impossible claim that the research is representative. This lack of representation is also a problem from a social equity perspective. Our investment in ageing research is only going to those who speak English, unfairly disadvantaging those who do not.

These barriers have to be overcome. The roundtable was an important first step because it brought together a group of people who do not necessarily work together, including researchers who work in partnership with older CALD people, their representatives in the ethnic sector, policy and advocacy bodies, service providers, and government.

Based on the discussion at the roundtable, NARI and FECCA are developing a framework for research with older people from CALD backgrounds. This includes research themes and questions that should be addressed, such as health and wellbeing, accessibility and appropriateness of services and participation in later life; the principles that this research should be founded on, such as equity and non-discrimination and participation in the research process; and the priority areas for action, such as development of standards for scientific rigour, better data linkages and measuring outcomes.

'TRANSLATIONAL RESEARCH IS KEY...'

NATIONAL ROUNDTABLE ON RESEARCH IN AGEING AND AGED CARE FOR OLDER PEOPLE
FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

OUTCOMES DOCUMENT

WHY A RESEARCH STRATEGY

To date, developments in research in relation to older CALD Australians have been fragmented and sporadic. To take stock of the existing research and assist with identifying thematic gaps in research, FECCA commissioned a review and in March 2015 released its seminal report: *A Review of Australian Research on People from Culturally and Linguistically Diverse Backgrounds*¹ ('the Research Review'). The Research Review identified a range of completed research, as well as the thematic gaps in research, and noted CALD population groups and certain topic areas that require further research. The Research Review recommended to continue to grow the body of research about older people from CALD backgrounds and made, *inter alia*, the following suggestions to improve the status and value of Australian research in this area:

- improving comparability of research results, datasets and data sources;
- increasing participation by older people from CALD backgrounds in research; and
- mining existing data sources for more information about older people from CALD backgrounds.

The *Madrid International Plan of Action on Ageing 2002*² adopted by the United National Member States, including Australia, emphasises the need to encourage and advance comprehensive, diversified and specialised research on ageing. It is argued that research provides essential evidence for effective policies, and the availability of reliable information is indispensable in identifying emerging issues and adopting recommendations.

The Australian Government supports enhancement of diversified research, including for CALD population groups. In its *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*³, Goal 6 aims to 'Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.' The Principles outlined in the Strategy also include the principle that 'research and translation of research into better practice is encouraged to support development of appropriate policies and programs for older people from CALD backgrounds, their families and carers.'

Research is critically important to inform better and more responsive policy and practice, and requires adequate funding. Researchers should be encouraged to engage in more CALD-specific or CALD-related research projects, through opening up new funding options.

Developing a strategy, and a plan of action, will provide a forward looking framework for collaboration among key stakeholders in identifying issues, conceptualising and implementing research, translating findings into policy initiatives and providing a more equitable and inclusive approach. The strategy for research into the future should focus on solutions. Research needs to feed into policy development, and policy solutions need to capture the diverse experiences of older CALD Australians.

A strategic framework with a whole-of-system approach will help to ensure that future research is not fragmented, and to reduce duplication of effort by researchers. With clear directions and priorities set, it will be easier to identify the best types of research for the priorities and use this to craft collaborations. A framework will allow for greater collaboration and sharing of information, including data.



FECCA-NARI National Roundtable March 2016

Such a framework could encourage more older people from CALD backgrounds to participate in research, and would lead to a better experience for them in doing so, with a coordinated approach that helps to avoid ‘consultation fatigue’ where the same people are repeatedly asked to provide input. For policy makers, it will help to provide targeted research and cost savings due to better collaborative research projects, as well as to ensure that the diverse experiences of older CALD Australians are also part of general research.

The strategy may encourage greater collaboration among researchers—including between social researchers and economic researchers—to maximise diverse strengths in identifying potential solutions to achieving positive outcomes for older CALD Australians, along with any associated costs or savings. It may also encourage more generalist researchers to undertake research on CALD community-related issues.

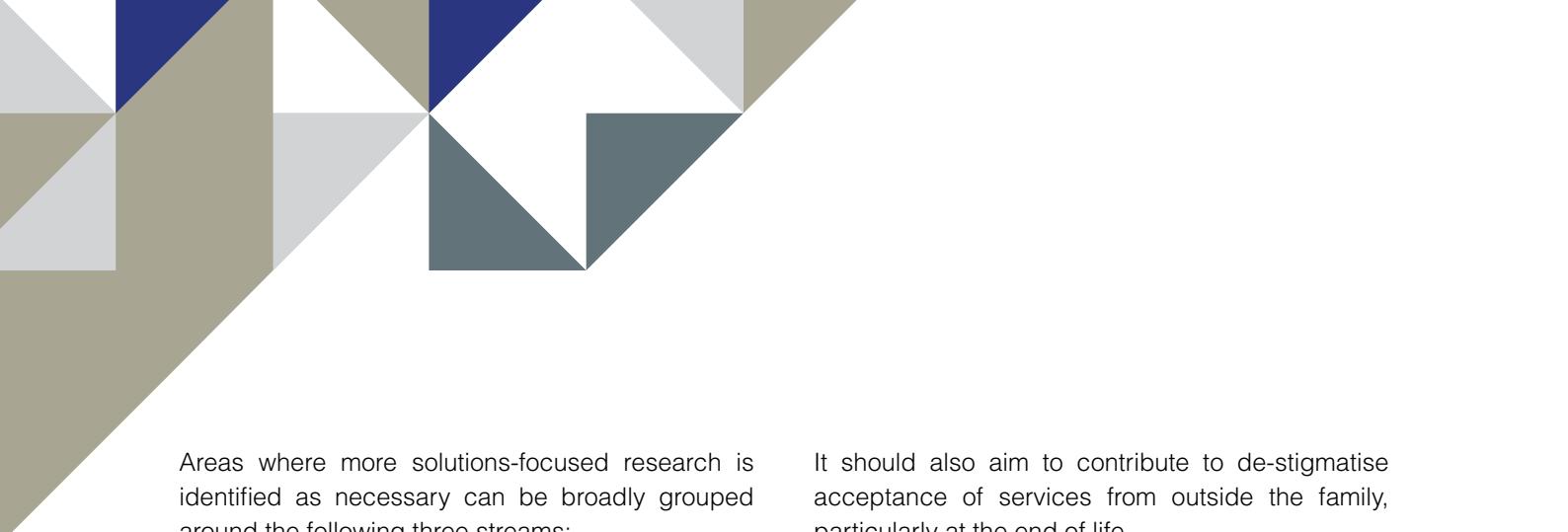
The development of the research strategy and the plan of action will also support the implementation of FECCA's *2020 Vision for Older CALD Australians*⁴ launched in November 2015.

PRIORITY THEMATIC AREAS: WHAT SHOULD BE RESEARCHED

The research covered by FECCA's Research Review and other relevant work provide sufficient evidence about the needs of older CALD people, and the barriers they face. It is now timely for research to look forward and to seek solutions to the barriers, i.e. to identify what approaches would work and achieve better outcomes for older people from CALD backgrounds.

The thematic areas where the need for more research was identified by the Research Review included:

- religious, spiritual and faith considerations;
- CALD care workers as part of the aged care workforce;
- an intergenerational perspective on CALD care and support needs and expectations, and how this varies across generations;
- more in-depth understanding of treatment and approaches to care for older CALD Australians once a dementia or mental health diagnosis has been made; and
- an understanding of how the experiences of older CALD Australians differ from those of older Anglo-Australian groups across a range of demographic factors.



Areas where more solutions-focused research is identified as necessary can be broadly grouped around the following three streams:

Priority Area One – Active participation

It is important to acknowledge the contribution made by older CALD people. Older CALD Australians have contributed enormously to the Australian economy and they should be able to continue contributing, if they want to. Research into how to normalise and celebrate ageing can lead to a more holistic approach to thinking about productive ageing. It would also address broader policy questions, such as how to keep older people in the workforce for longer.

Priority Area Two – Better health and well-being

Low health literacy is a problem throughout Australia, not just for older CALD people. In older people generally, low health literacy is associated with a poorer health status and a higher risk of premature death⁵.

Research into ways of reducing the stigma associated with dementia for some CALD communities could help prevent people from being unnecessarily placed in residential care, and enhance access to supports during the early stage of the condition through timely diagnosis.

Further research is required into treatment of older CALD Australians with mental health issues to reduce over-prescription of medicines and promote more effective treatments.

Research in ageing of CALD people should better engage general practitioners, nurses, and allied health workers in view of the important role of Primary Health Networks as purchasers of services.

Priority Area Three – Appropriate and enabling services and supports

Research needs to take into account the enormous amount of change driven by the Australian Government's aged care reforms, recognising the current transition period which presents both challenges and opportunities.

It should also aim to contribute to de-stigmatise acceptance of services from outside the family, particularly at the end of life.

Research is required to support the development of culturally appropriate screening tools to ensure accurate and early diagnoses of CALD people with dementia or other conditions, and early access to support, with a view to preventing the need for acute and residential care. Engagement with general practitioners, nurses, allied health workers and beyond—to include hospital care settings—is critical in this regard.

Research should contribute to identifying strategies to support culturally diverse and culturally competent workforce to provide appropriate care for older CALD people.

PRINCIPLES TO UNDERPIN THE RESEARCH AGENDA: HOW THE RESEARCH SHOULD BE CONDUCTED

Research must be strengthened by applying a human rights-based approach. Research that aims to be translated into, and influence, policy and practice should be framed around a person-centred approach that promotes disaggregation of data collection and analysis. It should be undertaken in a manner that is non-discriminatory and which promotes equality, supports meaningful participation, and commits to adequate monitoring and accountability.

Research about ageing must be created with the person as the underlying foundation, from the beginning. Qualitative research with scientific rigour is highly valuable, as it is translational, appropriate for exploring issues impacting on CALD groups through consumer engagement, and recognises the need to explore and understand members of CALD communities as individuals, not just members of a particular ethnic or language group. And within this, data that is specific to the group being researched should be collected. While it is important to understand different cultures, people also need to be understood as individuals.



Principle One – Equality and non-discrimination

While there are some universal issues related to ageing that would impact on all older Australians, there are some more specific issues to CALD groups. There is a need to look at similarities of experience as well as differences.

Research must recognise the diversity within diversity. It is essential to recognise that the older CALD Australians are not a homogenous group; they encounter different outcomes based on individual experiences and backgrounds. This diversity means that understanding and meeting the needs of older CALD Australians is highly complex, and needs to be informed by research and evidence. The *National Ageing and Aged Care Strategy for people from Culturally and Linguistically Diverse (CALD) backgrounds* reiterates that older CALD Australians are not a uniform group, but that there is significant diversity within Australia's CALD communities⁶.

In this regard, the CALD population groups identified by the FECCA Research Review as requiring further research included:

- older people from new and emerging communities;
- small CALD population groups;
- older people from refugee backgrounds;
- people from CALD backgrounds who arrive in Australia at an older age; and
- older CALD Australians who live outside of the most populous states and metropolitan areas.

Older CALD people in rural and regional areas should also be included in research, factoring in their social and physical isolation.

Further, research should aim to capture older CALD individuals in generalist community and care settings.

Qualitative research of older CALD people's life experience—not just their 'CALD status'—will lead to understanding in a range of areas, including the impact on their wellbeing of racism and discrimination against particular groups. 'CALD status' is only one driver of complexity—other factors like gender, economic status, and life experience should be considered.

FECCA-NARI National Roundtable March 2016





FECCA-NARI National Roundtable
March 2016

The older CALD population is a large proportion of the general older Australian population. The 2011 Census indicated 20.1% of Australians 65 and older were born in non-English speaking countries. On current projections, this number will rise by 2030 to 30% of the population aged 65 years and above being from CALD backgrounds⁶. Yet older CALD Australians are often excluded from research. This can be for a number of factors, including the following:

- Costs associated with quality and culturally sensitive interpreting and translating services;
- Costs and efforts associated with engaging with ethnic communities;
- Language and health literacy issues among some cohorts of ethnic communities; and
- Researchers' cultural awareness and capacity to understand cultural and migration experiences.

Research must understand people through their life experiences and the consequences of such experiences. There is a lot of diversity within CALD communities, and more needs to be known about how ethnicity, migration experience and settlement experience affect the ageing experiences of groups, and individuals, within CALD communities.

A meaningful person- and community-centric approach requires research to prioritise needs, aspirations and desired outcomes of the person and the community. It also requires the researcher to challenge any existing prejudice often resulting in no change to how research undertaken.

Principle Two – Participation

Older CALD people must be included in all research about older people, ageing and aged care.

The *United Nations Principles for Older Persons*⁷ state that older persons should participate actively in the formulation and implementation of policies that directly affect their well-being. Being an equal partner in the research that informs the policies is an important avenue for such participation.

With regards to participation, the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* includes an action area that requires the government agency responsible for aged care policy to ensure that the diversity of the Australian population is represented in all elements of health and medical research, and to work with ageing research bodies to help ensure CALD communities are represented in proportion to the size of their community.

Ensuring adequate and meaningful participation of older people from CALD backgrounds in research about older people, ageing and aged care will not only achieve better evidence, but will also contribute to empowering older people from CALD backgrounds to seek support when they need it.



Principle Three – Monitoring and accountability

As a minimum, participants and partners in the research must be informed of the outcomes—this is central to the principles of co-design/co production of research. To achieve change in how research is undertaken and translated into policy and practice, it is necessary to implement monitoring and accountability mechanisms whereby researchers, older people from CALD backgrounds who participate in research, and other partners, such as the multicultural sector or policy makers, take stock of learnings, both positive and negative, from a research project. Having such mechanisms in place would also provide the opportunity to improve research collaboration models, and inform the work on identifying thematic gaps in research. Implementing monitoring and accountability would help to bring a more positive approach to research about ageing.

AREAS FOR ACTION: WHAT NEEDS TO HAPPEN

Action Area One – Developing research partnership models

Older CALD people should be empowered as equal partners in the research. All research must be inclusive, from funding, to design, to carrying out the research and the reporting of the research. It is also important to let communities know the results of the research, which does not always happen. Following the person-centric approach, research should be, whenever possible and appropriate, co-produced with individuals/consumers (as well as carers, where appropriate) and communities. This requires investment by research in building a trusted relationship with community. Involving the individual and the community at the beginning of the development of research is essential to better understand their aspirations for the research they participate in. Working with CALD community groups and considering CALD issues should not be just an add on, but a foundational part of research.

Establishing partnerships with the multicultural sector is critical for community engagement and getting quality insights. Researchers often state that to work with CALD communities is difficult and expensive. This is an inaccurate assumption; while on some occasions there may be some higher costs, researchers should use the right pathways (such as through ethno-specific, multicultural and faith sector organisations) to work with CALD communities, however, not assuming that community organisations can be partners in research without a financial contribution. Where this may take extra time and resources, including extra cost, this should be built into funding applications. Funders should also recognise this and enable these additional costs to be built into research grant budgets. Partnering with the multicultural sector is also fundamental for influencing change in policy and practice.

Other partners in co-production include the aged care sector, as they are delivering care and may be implementing any outcomes from research. This includes both aged care sector management and service delivery workforce who would be an important source of information for researchers.

Policy makers must also be included as a partner in co-production from the beginning. This is essential to ensure useable outcomes for future policy making.

Community based participatory research has proven to be valuable when researching Aboriginal and Torres Strait Islander peoples, and could be an appropriate model to consider.

Action Area Two – Developing standards of scientific rigour

Scientific rigour of research must be ensured. One important aspect of scientific rigour is representativeness. If older people from CALD backgrounds are excluded from research, the findings are not representative of the whole older population. Cultural diversity should be an integral part of research. One way to ensure this would be to make the inclusion of CALD people in research a mandatory requirement before funding is granted, with the need for an explanation for any exemption sought.



FECCA-NARI National Roundtable March 2016

An ethical framework for CALD research is needed. The National Health and Medical Research Council ethical guidelines for conducting research with Aboriginal and Torres Strait Islander communities⁹ could inform such a framework.

Action Area Three – Establishing better data linkages

In addition to the Australian Census of Population and House, there is a lot of data collected through other sources, for instance, the National Aged Care Data Clearinghouse at the Australian Institute of Health and Welfare¹⁰ or *My Aged Care portal*, and more can be done to enhance data linkage and analysis. Some of the complexity has to do with the terminology used to describe older people from CALD backgrounds and its change over time, and well as the variations in the definitions used across different studies and different data sources. This increases the challenge of making direct comparisons over time and across data sets. To help improve data linkage, it would be worthwhile to map data on older people from CALD backgrounds across large, comprehensive datasets, taking into account variations in terminology. This would improve the comparability and comprehensiveness of these valuable data sources. Such an analysis would allow greater scope for existing datasets to be used to fill the research gaps about older people from CALD backgrounds.

Other data sources include the My Aged Care website and call centre, which collects information about visitors and callers, sometimes including CALD status, and for the purposes of a service finder function, holds data about aged care service providers.

Measuring outcomes

A set of indicators would be developed for actions under each priority area to assist with measuring progress both for individual actions, and the overall impact of the strategy.

¹ <http://fecca.org.au/wp-content/uploads/2015/06/Review-of-Australian-Research-on-Older-People-from-Culturally-and-Linguistically-Diverse-Backgrounds-March-20151.pdf>

² http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf

³ https://www.dss.gov.au/sites/default/files/documents/07_2015/dss1582_aged_care_strategy_cald_a4_vaccessible.pdf

⁴ <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

⁵ <http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>

⁶ https://www.dss.gov.au/sites/default/files/documents/07_2015/dss1582_aged_care_strategy_cald_a4_vaccessible.pdf

⁷ <http://www.un.org/documents/ga/res/46/a46r091.htm>

⁸ <http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf>

⁹ <https://www.nhmrc.gov.au/guidelines-publications/e52> - currently under review.

¹⁰ The National Aged Care Data Clearinghouse (NACDC) is a central, independent repository of national aged care data based at the AIHW. NACDC's data holdings cover programs delivered to older Australians both in the community and in a residential care setting.



A MESSAGE FROM ASSISTANT MINISTER FOR HEALTH AND AGED CARE KEN WYATT AM, MP



Ken Wyatt was elected in 2010 as the Federal Member for Hasluck, making history as the first Indigenous person elected to the Australian House of Representatives. Before entering politics Ken worked in community roles in the fields of Health and Education including as the Director of Aboriginal Health in New South Wales and Western Australia. In 1996 Ken was awarded the Order of Australia in the Queen's Birthday Honours list. Later, in 2000, Ken was awarded a Centenary of Federation Medal for 'his efforts and contribution to improving the quality of life for Aboriginal and Torres Strait Islander people and mainstream Australian society in education and health.' In 2015, Ken again made history as the first Indigenous member of the Federal Executive after being sworn in as the Assistant Minister for Health and in 2016 as Assistant Minister for Health and Aged Care. Ken is responsible for Aged Care service delivery and implementation, as well as for dementia.

Ethnic and cultural diversity is one of Australia's key characteristics.

Immigration has played a huge role in our economic and social development over the course of Australia's history.

Today, almost 45% of people living in Australia were either born overseas or have at least one parent who was.

Through multiculturalism, as a modern nation we have embraced diversity and demonstrated our respect for different cultures.

These are concepts that mean a lot to me personally and that I am proud to advance in aged care as the responsible Minister.

The truth is, we have reached a time when all aged care services need to recognise and provide for the diversity of older Australians.

Currently, around 20 per cent of Australians aged 65 years or over – more than 600,000 people – were born in non-English speaking countries.

But this is increasing because of the age spread of immigrants.

By 2021 – in just five years' time – more than 30 per cent of older Australians will have been born overseas.

The Australian Government acknowledges and values older Australians, whatever their background.



We feel strongly that the aged care system must recognise, understand and cater for the needs of older culturally and linguistically diverse people – because this is part of providing them with high quality aged care services.

Quality aged care does not just provide for a person's physical needs. It is sensitive to their emotional and cultural needs, and sensitive to their, traditions, values, and language.

Having someone around who understands these things can be even more important when you are older and become frail.

The Government has taken action on a number of levels to assist and encourage the aged care sector to become more culturally aware and to develop its services to cater for older people from different backgrounds.

One of the major programmes in this area is the Partners in Culturally Appropriate Care (PICAC) programme.

PICAC equips aged care providers with the necessary skills to deliver culturally appropriate care; and also improves the ability of older CALD people to make informed decisions about their aged care needs.

Recently, this programme was extended to June 2017 with a further \$3.9 million in federal funding.

One project currently being funded through the PICAC programme is looking at ways to make the new online aged care gateway – My Aged Care - even better for people from diverse cultural backgrounds.

The My Aged Care website has been a big step forward for older Australians, and their families, who are looking for information about the aged care services available in their local area, including residential care and other services such as Home and Community Care.

The website already recognises the needs of people from multicultural backgrounds, both in the information that service providers can display and in the screening and assessment form for new clients.

And the eight fact sheets about aged care services on the website have been translated into 18 languages.

However, providing appropriate support to older Australians from diverse backgrounds means more than simply translating words and there will be further refinements to the website over time to make it even better and more useful.

The Australian Government has also used grants programmes to fund projects which directly support culturally sensitive aged care.

Through the aged care improvements fund, we have allocated around \$35.5 million since 2012, specifically for CALD aged care or ageing-related projects.

That fund has been replaced with the Dementia and Aged Care Services fund. It continues to provide funding to aged care services for projects that benefit CALD people and other special needs groups.

In 2012 the Government also put in place the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds.

The strategy acknowledges that barriers to accessible, culturally appropriate aged care still exist in Australia.

It puts forward these principles to provide a framework for CALD inclusion in all activities and specifically in the provision of aged care services:

- inclusion;
- empowerment;
- access and equity;
- quality; and
- capacity building.

The strategy also sets six strategic goals and supporting actions to create tangible outcomes.

The sixth and last goal recognises the importance of research, "To achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population."



The strategy suggests that the Australian Government can work with its own agencies.

The Australian Institute of Health and Welfare and the Australian Bureau of Statistics are working closely with independent research organisations and researchers to ensure that CALD people are represented in all studies and surveys of older Australians and aged care.

Australia's diversity must be reflected in every analysis.

It also recommends utilising personal stories, data, advice and research obtained directly from the CALD community.

Better research and better information – whether it comes from the census or from a personal account of experience in aged care – will enable us in government to improve aged care planning and service delivery to provide for CALD people.

It was both pleasing and logical, therefore, that the Australian Government provided funding for the first major review of research on older people from CALD backgrounds.

This was the report which FECCA commissioned from the Australian Population and Migration Research Centre at the University of Adelaide, released in March last year.

The review considered the existing research evidence base about CALD Australians covering four broad topic areas:

- older people from culturally and linguistically diverse backgrounds in general;
- older people from culturally and linguistically diverse backgrounds with dementia;
- ageing and mental health issues for people from culturally and linguistically diverse backgrounds; and
- culturally and linguistically diverse carers and carers of older people from culturally and linguistically diverse backgrounds.

This review is an excellent resource.

It answers questions on who older people from CALD backgrounds in Australia are, where they live, where they come from, their vulnerabilities, their preferences for ageing well, and the barriers they face regarding accessing aged care services.

The review raised plenty of issues and concerns for all of us in the aged care space to consider.

For example its high level findings on dementia include:

- poor understanding of dementia combined with cultural stigma is leading to denial of the condition or delayed diagnosis for some older people from CALD backgrounds.
- culture and ethnic background can have an impact on dementia diagnosis and culturally sensitive assessment tools are required.
- older people from CALD backgrounds are often excluded from dementia research due to language barriers, leading to gaps in the evidence.

The review has already been used by the Department of Health to update its knowledge and inform policies.

I am sure other stakeholders have found it equally informative.

This is the basis for effective future action, for ensuring that the many older Australians who fall under the CALD banner receive the aged care support that, as valued members of our society, they truly deserve.

A MESSAGE FROM THE SHADOW MINISTER FOR INDIGENOUS AFFAIRS, SHADOW MINISTER FOR AGEING, THE HON SHAYNE NEUMANN MP



Shayne was born, raised, educated and lived in Ipswich, all of his life. He lives in Flinders View with his wife Carolyn. They have two adult daughters, Alex and Jacqui. He was elected to Federal Parliament on 24 November 2007 representing the electorate of Blair, which takes in most of Ipswich and all of the Somerset Region in south east Queensland. On 18 October 2013 Shayne was appointed to the Shadow Cabinet as Shadow Minister for Indigenous Affairs and Shadow Minister for Ageing. He is co-convenor of the bipartisan Parliamentary Friends of Dementia. In addition he is a member of the Joint Standing Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples and the Standing Committee on Indigenous Affairs. In the previous Government he held several positions including Parliamentary Secretary to the Attorney General and Parliamentary Secretary for Health and Ageing; Chair of the Federal ALP Caucus Social Policy Committee; and Chair of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs. He co-convened the Parliamentary Friends of Medicines. Shayne completed his education at the University of Queensland with Law and Arts Degrees, majoring in government and economics. Shayne was a Senior Partner in a successful Brisbane law firm before entering Parliament.

COULD AUSTRALIA BE THE WORLD'S FIRST AGE-FRIENDLY NATION?

One issue has been missing from the Abbott-Turnbull Government's agenda: ageing.

There has been discussion about "aged care," often in terms of how much they can cut from each and every Budget (over \$3 billion to date).

Sometimes the "ageing population" is mentioned, but usually in terms of its burden on welfare and health.

This is not how Australia's leaders should be speaking about longevity.





LABOR IS UNASHAMEDLY *PRO-AGEING*.

Labor has a vision to see Australia transform into an age-friendly nation.

In fact, Australia is well-placed to be a world leader in this respect.

It starts with our nation's leaders agreeing that longevity is not a burden but a blessing.

Labor believes that longer lives are one of the greatest achievements of the 20th century. And longevity will define the 21st century.

Older Australians have much to offer and have contributed to making this nation what it is today.

As such, older people deserve fair, affordable, quality services to ensure they can age well, in their own homes and communities.

But then again, Labor understands that *ageing* is an important policy area.

We understand that ageing is much broader a concept than aged care.

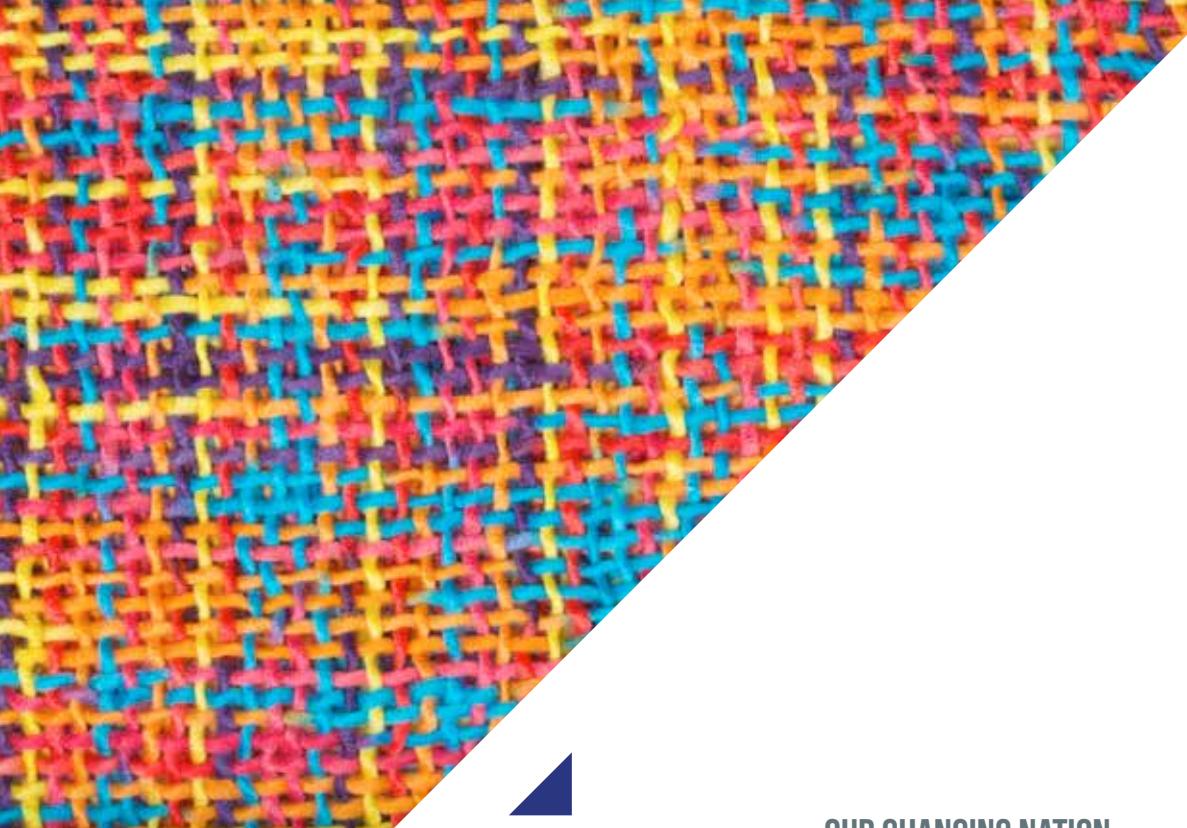
As a result of the ageing of our population, our nation will look very different in 2050 to what it looks like now.

Labor's *Living Longer Living Better* package was far more than simply aged care reform. It was about empowering, promoting and supporting older people to make the most of their lives.

In Government, Labor established an advisory panel made up of eminent older Australians, to ensure we could maximise the potential of this changing demographic. To their great shame, the Liberal Government axed it in November 2013.

Thankfully, the tenacious Everald Compton and the Panel for Positive Ageing continued their work and produced the Blueprint for an Ageing Australia in September 2014, with support from Per Capita. It is a wide-ranging document that takes into account the economic and social potential of older Australians, overcoming barriers to working, encouraging inter-generational partnerships, the need for infrastructure planning and of course housing.

Local Councils are well-placed to take charge of developing age-friendly communities that meet the unique needs of their communities. That includes planning and development, public transport, age-friendly parks – with equipment for older people to enjoy, with suitably located toilets, adequate seating and access that is suitable for wheelchairs and mobility aids.



First we need a Federal Government that can work with Local Government, communities and service providers to develop age-friendly communities.

A Shorten Labor Government will develop an overarching national strategy to harness the economic and social potential of older Australians. This is based on the World Health Organisation's concept of Active Ageing and Age-Friendly Communities, and builds on the work we began in the previous Government.

This national strategy will coordinate federal, state and local government responses, and will involve coordinated cross-jurisdictional planning, policy development and implementation in relation to ageing throughout one's life course. This will be coordinated under the leadership of a Minister for Ageing.

OUR CHANGING NATION

Australians are living longer. Half the people who have ever lived to the age of 65 years are alive today. Longer lives are one of the great achievements of the 20th century.

We need to ensure this 20th century achievement is translated into 21st century opportunity.

Our nation is transitioning to an older service-oriented society and new thinking is required. It is simply unsustainable to live within the previous models. That means ensuring opportunities abound for older Australians to continue to contribute to the nation, to their communities and to their families.

We know that as our nation ages it changes as well. The older population is growing faster outside of the capitals than within them. But the infrastructure to support older people in the communities they choose to live is often not suitable.

We know that these communities are more diverse. Not only will we see greater numbers of older people by the middle of the century, they will be from a variety of cultural and ethnic backgrounds.

This certainly presents challenges – particularly in the provision of suitable aged care services and dementia care services for those from culturally and linguistically diverse (CALD) backgrounds.

This will create opportunities and new innovations in the way we think about planning, development, services. That knowledge and innovation will allow us to be an international model of how cultures can age together, with dignity, respect and inclusion.

AGED CARE SERVICES

Aged Care Services remain an important part of an age-friendly nation. Aged care needs to be driven by the needs and wishes of older people. There is no one model that works in every community.

There are some immediate priorities for a Shorten Labor Government. The first is to address the problems in *My Aged Care*. Instead of being a gateway to the aged care system it often acts as a barrier.

Not all consumers are online, computer literate or speak English. Not everyone understands what is available or what they should ask for.

In short, older Australians need more support to navigate the system, to understand their own needs and rights. They need to be empowered.

This is more so for those from CALD backgrounds, particularly new migrants and those who have come as refugees. Giving consumers "choice and control" is a wonderful aspiration. But we need to recognise that not everyone is equipped to seek support equally.

In addition, Labor understands there is a lot of pressure from some sectors to uncap supply and allow increased market competition to drive greater quality.

Labor believes it is important to focus on quality care, particularly for the most vulnerable.

We need to understand what quality looks like for different groups of people, how much it will cost, and how we can ensure the integrity of our safety net.

Labor is committed to continuing in the direction of the *Living Longer Living Better* (LLLB) reforms.

A Shorten Labor Government will commit to undertaking a transparent, independent, collaborative and thorough review of the reforms to date.

This will be undertaken with the aged care sector, consumer, special interest groups, workers and experts. It will include a review of the funding instrument and models.

This review was legislated as part of the LLLB reform package. It is due to be tabled in Parliament by mid-2017. To date, the Liberal Government has failed to even appoint the independent reviewer or reviewers.

It will be one of the first priorities under a Shorten Labor Government.

AN AGE-FRIENDLY NATION

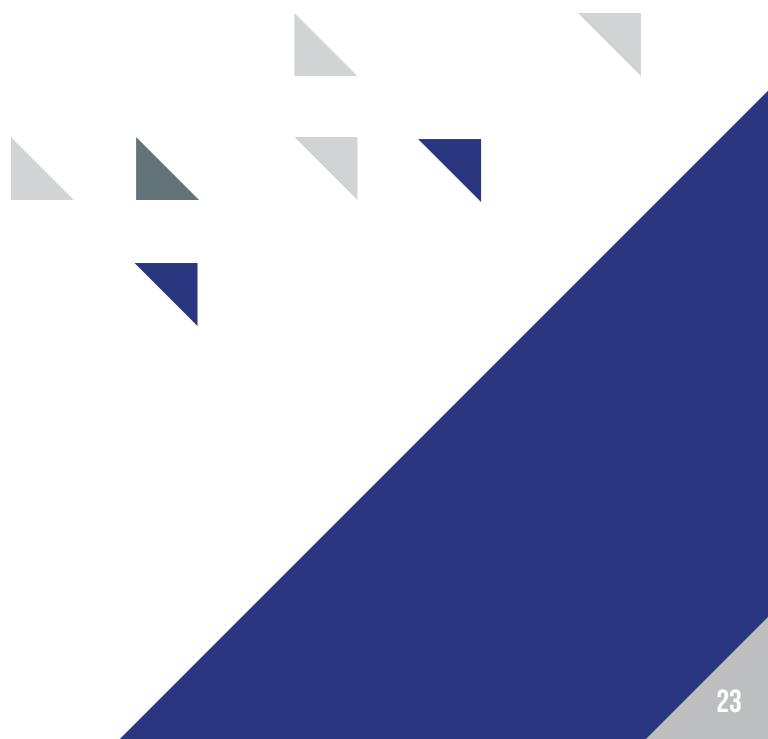
It is a major undertaking to transform Australia into an age-friendly nation.

It is a big vision but one Labor takes seriously.

It needs individuals and communities that are motivated and enthusiastic to support the vision.

And it needs leadership.

A Shorten Labor Government will work with those individuals and communities willing to work together to build a nation that supports its older people to live the best lives possible.



A MESSAGE FROM SENATOR RACHEL SIEWERT, AUSTRALIAN GREENS SENATOR FOR WESTERN AUSTRALIA



Rachel Siewert is an Australian Greens Senator for Western Australia and chair of the Community Affairs References Committee. She initiated the national senate inquiry into the aged care sector workforce.

Earlier this year I referred for senate inquiry the aged care sector workforce because time and again I had issues about significant challenges for the future of the aged care workforce raised with me.

Amongst a plethora of other things, we know anecdotally the aged care sector struggles around inclusivity with culturally and linguistically diverse (CALD) groups.

Hopefully, the inquiry will investigate how best to develop a culturally competent aged care sector that ensures quality aged care delivery, skill development and a positive working environment.

The terms of reference of the aged care sector workforce inquiry include:

- remuneration, working environment, staffing ratios, education and training, skills development and career paths
- the role and regulation of registered training organisations including work placements, and the quality and consistency of qualifications
- government policies at the state and federal level which impact on the workforce
- the role of government in providing a coordinated strategic approach for the sector
- challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse groups and Lesbian, Gay, Bisexual, Transgender and Intersex people.

Following 295 submissions and one public hearing the gaps in our aged care sector workforce are already becoming clear. There are issues specific to the CALD community, for example people from CALD backgrounds who have dementia and revert back to their first language.

Unless you have someone who can communicate in your language you will become further isolated and the impacts of dementia become compounded. You're living somewhere, perhaps alone, where you don't speak the language. On top of that, imagine not being able to communicate to the people caring for you.

It is clear we need more inclusive communities, and culturally appropriate home care, residential facilities and respite. It is clear already that more needs to be done to develop our aged care workforce if we are to meet the challenges of an ageing population.

I am hoping that the new Parliament will continue this inquiry and include recommendations on how to encourage more people from CALD backgrounds into the aged care sector workforce so that they can offer proper care to the elders from CALD backgrounds.

FECCA's recommendations to the inquiry offer some positive solutions, they call for the development of an Aged Care Workforce Cultural Diversity Management Strategy, 'to develop and support an aged care workforce that is culturally competent and responsive to the needs of older people from CALD backgrounds'. In their submission, FECCA say the strategy must address, as a minimum:

- ways to attract CALD workers to employment in aged care services;
- methods for improving the retention of culturally competent aged care workers, including but not limited to workers from CALD backgrounds;

- attracting aged care workers to rural and regional areas;
- implications for interface between the National Disability Insurance Scheme (NDIS) and aged care system; and
- strategies to enhance cultural competency of the aged care workforce, as part of increasing the capability of the sector to meet the needs of older people from CALD backgrounds.

It's really important we address this now. In 2011 we know 20.1% of Australians over the age of 65 were born in non-English speaking countries. On current projections, it is set to reach 30% by 2030.

As pointed out in the recommendation by FECCA, not only must we make sure we are correctly aligning bi-lingual aged care sector workers to someone from a CALD background, we must also work towards cultural competency across the board. All workers, not just those from CALD backgrounds, should have cultural competency training.

Leading Age Services Australia predicted in 2013 that there will be a shortfall of 66,000 home care places by 2050 and that 83,000 new nursing home places will be needed over nine years. It is with the looming shortfall in mind that the inquiry must have a particular focus on how to attract and retain workers.

For a full list of references please contact Senator Rachel Siewert's Office via: Nadine.Walker@aph.gov.au.

OVERVIEW OF NARI PROJECTS

NATIONAL AGEING RESEARCH INSTITUTE (NARI)

The cultural diversity of Australia's population is recognised by National Ageing Research Institute's researchers who are actively researching how ageing might affect people from different backgrounds and experiences and how their experiences can be improved with better recognition and service provision.

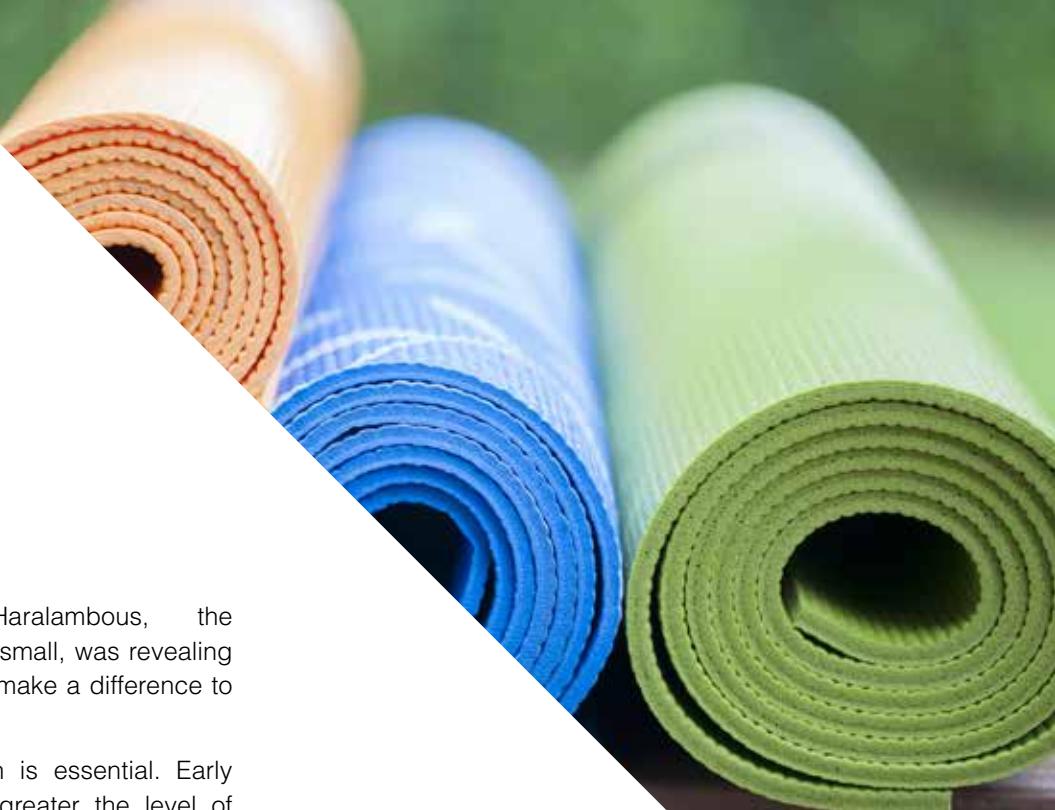
Research programs to date have focused on areas such as equity of access, ageing and depression, healthy ageing and promoting the contribution of older CALD Australians. Each approach creates an evidence base that is used to shape service provision and policy development into a much neglected area.

As Associate Professor Briony Dow, NARI's Executive Director, says: "Our research is about influencing the system to improve the quality of care provided to older people as well as to enable us all to live fulfilling and meaningful lives as we get older."

For the older CALD population, social justice and equity of access to care is compromised by communication gaps. These can occur frequently during cognitive assessments. This is partly due to a shortage of trained and accredited interpreters in many languages, and in many geographical areas.

With funding from the Hazel Hawke Foundation, a recent study investigated the use of videoconferencing in interpreted cognitive assessments, with the interpreter located at a different site from the clinician, client and family carer.

The project included scoping of training and accreditation of interpreters; exploring clinician, family member and interpreter perceptions of their experience of face-to-face interpreted assessments; and the development of interpreter and clinician guidelines and a training DVD.



According to Betty Haralambous, the videoconferencing pilot, while small, was revealing in terms of what is needed to make a difference to older CALD Australians.

"Good broadband connection is essential. Early indications suggest that the greater the level of cognitive decline in the client, the more necessary is fast, uninterrupted broadband connection. Poor connection places great demands on the clinician, client and interpreter."

Equally essential was the need for a pre-interview briefing between the clinician and interpreter to clarify roles and what was expected from the conferencing.

"Ultimately videoconferencing can work but it requires good communication all the time," she said.

Lack of access to culturally appropriate health information is also a major issue affecting older people from CALD backgrounds, resulting in poorer health and use of health care services.

Linking in with the City of Melbourne's Healthy Ageing Team, the Multicultural Centre for Women's Health and the Centre for Cultural Diversity in Ageing, Dr Elizabeth Cyarto, a NARI researcher, trialled an exercise program tailored specifically for CALD older people.

Known as the *Have A Try* program, around 100 former sedentary Chinese, Spanish, Italian, Eritrean and Slavic seniors have been introduced to a range of easy exercises to do at home and in groups to improve their health and fitness.

The program, funded through the Department of Social Services, worked within the weekly social get-togethers with an emphasis of having fun and becoming fitter at the same time.

According to Dr Cyarto, the results have been extraordinary, with almost all those taking part saying they feel better, healthier, fitter and stronger, more alert, flexible and less tired.

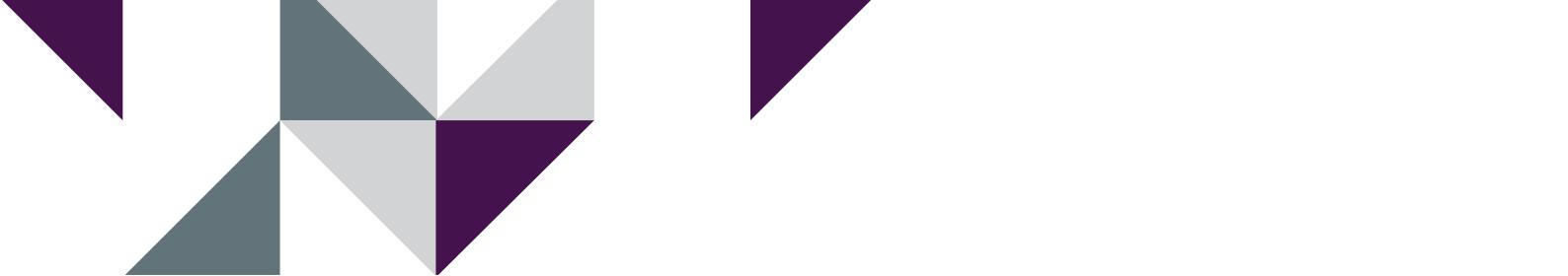
"These health benefits were corroborated by improved fitness. Almost 70% of participants completed a follow up functional assessment and findings indicate that the group as a whole, on average, improved their balance by 17%; mobility by 10%, lower body strength by 9% and upper body strength by 8%," Dr Cyarto said.

Central to the success of the program was the engagement of senior members within each social group as well as the involvement of all group members.

"There is nothing like peer motivation to generate interest and support particularly to group members who found it hard to exercise for whatever reason," Dr Cyarto said.

NARI has since produced a multi-lingual *Have a Try* exercise program DVD which is available to CALD groups.

NARI researchers have also focused on the mental health of CALD groups, notably older Chinese immigrants. In what is an Australia-first study, depression and anxiety among older Chinese immigrants has shown that one in five participants had clinically significant symptoms of depression and one in ten exhibited clinically-significantly symptoms of anxiety.



The study, with funding from *beyondblue*, also showed that Mandarin-speaking people were at higher risk of depression and anxiety than Cantonese.

"What this study has revealed is that older Chinese Australians, among the largest and fastest-growing immigrant groups in Australians, are at greater risk of depression than other older people," researcher Dr Xiaoping Lin said.

Researchers also discovered that there was a lack of knowledge of mental health problems among the Chinese community, and that older Chinese people have different perceptions of mental health problems to the general population.

"The reality is that there is a strong stigma associated with mental health problems within the Chinese community," Dr Lin said.

She believes that contributing factors for increased risk of depression among this group could be associated with their immigration experience, such as reduced social networks, changed family status and language barriers.

Underlying the research findings is the glaring gap of culturally-appropriate services for older Chinese-Australians. As a first step towards this, NARI has

developed a suite of culturally appropriate screening tools to help health professionals detect anxiety and depression better. This includes Australian Chinese versions of the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI). These tools are freely available for health professionals.

Other resources include a guide on screening for depression and anxiety among older Chinese people, a practical guide on translating and culturally adapting mental health screening and assessment tools.

Ageing well is not just about having good mental and physical health, as NARI's executive director points out.

"It is about recognising the contribution of older people within their own communities, as leaders, as educators and as carers. As a society, we don't tend to acknowledge our seniors well and we are worse still at acknowledging and promoting the contributions of older people from CALD communities," said Dr Dow.

With funding from the Scanlon Foundation and Australian Unity, NARI is set to overturn this oversight. Interviews with ethnic organisations, peak bodies, local councils and older people are underway to learn more about the contributions of culturally and linguistically diverse seniors.

A series of vignettes that demonstrate the diverse contributions via volunteering will be developed for use by service providers, in exhibitions and other public meetings to showcase CALD leaders in the community. The vignettes will be supported with information about how government and the public can acknowledge and grow leadership among older CALD Australians.

"While there is great diversity amongst older people from CALD backgrounds, the findings from our research with these largely ignored populations are similar – our CALD seniors need tailored information, our health professionals needs to know how to communicate effectively and appropriately, and our services need to be more accessible."

ACHIEVING A GOOD AGEING EXPERIENCE FOR ALL OLDER AUSTRALIANS

DR HELEN FEIST



Dr Helen Feist is the President of the Australian Association of Gerontology and Deputy Director of the Australian Population and Migration Research Centre, University of Adelaide. For the past 12 years Dr Feist's research has

had a focus on Australia's changing population and the implications of this for society and communities. Much of this work involves an examination of population diversity; the interaction between people and the built environment; community connectedness and social networks, and a particular focus on ageing populations.

Australia's rapidly ageing population requires creative and appropriate strategies to maximise the wellbeing and potential of older Australians. With almost 50 per cent of all Australians now a first or second generation migrant and 1.34 million of Australia's population aged 50 and over born overseas in a culturally and linguistically diverse (CALD) country the need to incorporate diversity into thinking and practice around ageing and the ageing experience is paramount.

Understanding ageing involves viewing it as part of the whole life course – a person's past and present life circumstances, experiences and choices; along with their anticipated future desires and expectations, must all be taken into consideration when considering how to enable a good ageing experience. An individual's life course is influenced by genetics, lifestyles, family and culture, community, and personal experiences





as well as time and place or location. Life course theory suggests that 'if you don't understand what he's been before, you're not going to understand him when he's old'. The life course of older people in Australia who were born in CALD countries includes their migration experiences; their language and culture; their strength of connection to their country of birth as well as to their Australian community; their support networks, including family, and their personal perceptions of what being old should be like. These experiences must be recognised and acknowledged in order to contextualise their health and wellbeing needs as they age.

Understanding this complexity and translating this understanding into good policy and practice needs robust evidence. The 2015 FECCA review of Australian research on older people from CALD backgrounds highlighted that research to date has many gaps. These gaps included a lack of research on: new and emerging CALD communities; older people from refugee backgrounds; older CALD people living in rural and regional Australia; migrants who come to Australia later in life and appropriate treatment and care options for older CALD Australians. Recommendations were made to continue and expand the current body of research relating to older people from CALD backgrounds, to better utilise existing research and government datasets to expand our understanding of ageing from a CALD perspective, and to promote and maintain the relevance of research to ensure that service provision and policy in ageing is evidence based and always include a CALD perspective.

In order to further the thinking in this report, particularly around the research gaps, the FECCA Parliamentary roundtable in March 2016 brought together policy makers, peak bodies, service providers and researchers in order to begin developing a national research agenda on ageing from a CALD perspective. This highly insightful and productive meeting involved over 40 stakeholders from across Australia with a passion for improving



the experiences of ageing for older people from CALD backgrounds. Here are some of my ‘take home messages’ from that day:

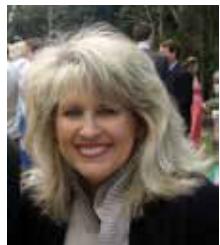
- Diversity, including CALD populations, should not be an ‘add-on’ in research, policy or service provision but instead needs to penetrate and become a foundation for all systems and thinking on ageing.
- We need to ensure that all research, especially research funded by the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC), includes official guidelines on research with people from diverse backgrounds and a mandate to include a representative proportion of CALD participants.
- We need to remember that older CALD populations will experience both universal issues around ageing (e.g. dementia, increased frailty, reduced mobility, smaller social networks and an increased likelihood of social isolation) and therefore should be included as participants in all aged related research. But older CALD people may also experience unique challenges in ageing (e.g. cultural and/or language reversion; barriers to accessing services due to language, or a lack of access to culturally appropriate care) and therefore a body of research that deals with these specific issues needs to also be promoted and funded.
- We have opportunities to mine current large, national data sets that use ‘country of birth’ as a variable but we also need to ensure that we incorporate rich, qualitative data in a research agenda in order to gather better evidence on the complexities of the ageing experience from a CALD perspective.

The fact that Australia is both an ageing and increasingly diverse population is an extant reality. Experiences of migrants as they age in Australia are varied and complex; not just across birthplace groups but also within birthplace groups and from individual to individual. These diverse experiences and perceptions of ageing need to be incorporated into both policy and service provision. A robust research program that consistently considers and includes the CALD ageing experience, as well as research that specifically focuses on older CALD migrants, will ensure that there is a strong evidence base for an inclusive approach to ageing in Australia.



HEALTHY AGEING OF CALD AUSTRALIANS – WHAT'S DATA GOT TO DO WITH IT?

DR MERRYL UEBEL-YAN



Dr Merryl Uebel-Yan is a project manager with the Australian Institute of Health and Welfare (AIHW). Among other things, her doctoral studies looked at issues associated with access to information and services. She found that understanding the characteristics of a population group is central to improving information and service delivery to them. She recently managed a project for the AIHW exploring the identification of CALD characteristics in major Australian data sets, making recommendations for improved identification and measurement. The project was funded by the Ageing and Aged Care Division of the former Department of Health and Ageing.

INTRODUCTION

In 2011, 18% of the Australian population was born overseas in 'non-main English-speaking countries'. Among those over 65, however, 22% were from 'non-main English-speaking countries'. The overseas-born population has an older age structure than the Australian-born population, with 18% of people born overseas aged 65 and over, compared with 12% of people born in Australia.

Importantly, these statistics required accurate identification of those from a CALD background.

The central concern of the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* is to support equitable access to aged care services. This needs to be understood both in broad terms, such as in general information access and support for decision making, as well as in its specific application, for example in the cultural appropriateness of assessment and service delivery.

To achieve this, it is essential to identify CALD service users and seekers—along with their specific cultural and linguistic service needs—accurately and consistently across all service entry and data collection points. This allows for the development of well-targeted policy, service-capacity planning and service delivery.



In 2014, the AIHW undertook a data project to support Goal 6 of the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* (the Strategy), namely:

Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.

During the project it became apparent that a well-founded and operationalised set of CALD measures (or key CALD-specific characteristics) would also support Goals 1–5 of the Strategy. Additionally, such a set would support assessors and service providers in meeting the aged care sector's standards and provide important guidance for CALD considerations in service delivery.

THE PROJECT

The AIHW reviewed 43 data sets and assessment instruments to identify the range of CALD measures employed in major survey, census, administrative and research data collections in Australia and internationally.

The review identified 11 Australian Bureau of Statistics (ABS) standard measures (excluding Indigenous status) and 30 additional measures in use.



A set of criteria for evaluating the measures was adopted during a stakeholder workshop. The 41 measures identified were evaluated according to the criteria and with reference to the *Aged Care Act 1997*, the goals of the Strategy, and aged care sector standards. The 'top-10' measures by ranking were identified. A review of the concurrence of the CALD measures employed in 15 aged care data sets, using the criteria and the 'top-10' identified measures, was then conducted.

THE FINDINGS

The range of measures identified in the review were not as all-encompassing of CALD characteristics as expected. They focussed on place of birth and concepts related to nationality and migration, language and communication, CALD characteristics of wider family members, and spirituality in relation to religion.

The study found no standard measures that addressed other aspects of cultural diversity in the context of aged care, such as culture-specific values, activities and events related to cultural traditions, and diet or dietary restrictions.

Also, few CALD measures were then employed in the 15 aged care data sets: those used were generally consistent with the ABS concepts of 'Country of birth' and 'Main language spoken at home', but there was a lack of standardisation to the ABS collection methodology. As a result, data collected were not always directly comparable or appropriate to aggregate into a single collection. There could also be difficulties in comparing data extracted from these data sets with ABS population statistics, which are based strictly on ABS measures and collection methods.

Two assessment instruments—Australian Community Care Needs Assessment—Ongoing Needs Identification (ACCNA-ONI), and Carer Eligibility and Needs Assessment (CENA)—stood out for the range of CALD measures used: they covered both CALD statistical measurement and the associated service needs (for example, need for an interpreter).

THE CONCLUSIONS

At the time the project was conducted, very few standardised CALD measures were employed in aged care data sets. The measures collected supported only basic questions related to 'Country of birth' and 'Main language (other than English) spoken at home', which were considered insufficient to meet the requirements of the Strategy goals and the sector standards.

In addition, lack of standardisation in the data collection methods, in relation to the CALD measures, had implications for the comparability of data collected, across aged care data sets and with ABS population data (enabling, for example, accurate calculation of service usage rates).

Observing that standard ABS CALD measures provide for the statistical measurement of cultural and linguistic diversity, but not necessarily the associated service needs, the paper recommended that:

- Data sets without CALD measures should employ, as a minimum, the ABS measures 'Country of birth' and 'Main language spoken at home', augmented with 'Interpreter required', 'Preferred sex of interpreter' and 'Preferred language', where the main language is other than English.
- Data sets with selected ABS measures should ensure they comply with ABS data collection methods, and where possible, augment the measures to include 'Interpreter required', 'Preferred sex of interpreter' and 'Preferred language', where the main language is other than English.

'Proficiency in spoken English' and 'Year of arrival', along with 3 linked measures associated with spirituality, were also recommended for supplemental inclusion.



POSTSCRIPT

Since the AIHW report was published, 'myagedcare' (website and contact centre) has been established, supporting access to aged care services. The Department of Social Services 2015 'myagedcare—National Screening and Assessment Form' records the measure 'Preferred language' and associated interpreter needs (related to 'Main language other than English spoken at home') under 'Communication needs', on intake.

The incorporation of these, and additional CALD measures, in national standards is still required, however.

As noted, while it is possible to use existing standard ABS CALD measures to identify diversity, it is not possible to use those measures to identify actual needs arising from the diversity identified. As a result, there are various important measures, such as 'Need for interpreter', 'Preferred sex of interpreter' and 'Importance of religion'/'Regular attendance at religious services', which have no specific national statistical standard but are critical to service delivery quality and improvement, as identified in the Strategy and the standards. This requires further work.

In designing for the future, the paper noted that CALD measures to support the objectives of the Strategy and the aged care sector standards should take into account:

- The need for 'value-adding' measures that will together provide both statistical measurement and yield rich data for service improvement.
- Person-centred care:
 - Measures should reflect 'choice'. For example, the language the service user wants to communicate in (irrespective of which language is mainly spoken at home), how privacy can be respected in the choice to use or not use an interpreter, and what the sex of that interpreter should be.
- The principle of 'collect once, use often', within a group of measures:
 - Collector and service-user burden can be reduced by the judicious use of screening questions to filter before more detailed questioning proceeds.
- Improvement in CALD data collection will provide a sound basis for improving service delivery, and ultimately the experience of healthy ageing, but cultural responsiveness must remain the broader context.

For a copy of the report and a full list of references, please visit <http://www.aihw.gov.au/publication-detail/?id=60129548154>.

BUILDING VIBRANT COMMUNITIES FOR OLDER CALD AUSTRALIANS

ADA CHENG



Ada Cheng has over 25 years of experience in Aged Care Management and is currently serves as CEO of Australian Nursing Home Foundation. She has overseen the organisation's vast growth. Under Ada's leadership,

the Aged Services portfolio along with its revenue have tripled over the past several years, attributed to Ada's vision and innovative mindset which have resulted in cutting edge outcomes for culturally competent aged services in Sydney. Ada was on the Steering Committee to provide advice and guidance on the development of the National Ageing and Aged Care Strategy for CALD Backgrounds 2012. She has been engaged in many high profile international conferences discussing care on dementia, long-term care and cultural competency from Hong Kong, Beijing and Japan.

It was a great honour to attend the recent FECCA-NARI Roundtable on 10 March, organised by FECCA in partnership with the National Ageing Research Institute (NARI). The event proved insightful and productive in gathering a variety of notable research experts, significant aged care providers and key peak organisations for Ageing, as well as, politicians in discussing the various challenges of ageing in CALD communities, sharing views on how stakeholders can work collaboratively and strategically to close research gaps and how to effectively translate research findings to policy and practices.

Time has flown since I migrated to Australia nearly 27 years ago, having worked in the Aged Care sector for over 2 decades. Over that period, I was privileged to work with many committed colleagues who tirelessly and passionately cared for the health and wellbeing of older people from diverse backgrounds. I would like to add at this point that I also share many of their frustrations and disappointments in new policies promoting the “mainstreaming” of services without acknowledging that older CALD Australians represent a highly distinct and diverse demographic of varied individuals. It is difficult to comprehend the complexity and diversity of the CALD ageing population (65+) as it represents over 20% of our ageing population nationally (over 1/3 in both NSW and Victoria). Despite best efforts, we often underestimate the challenges of catering to diverse cultures and aren't able to appreciate and understand that many older CALD Australians may have specific disadvantages and other risk factors that are not as commonly experienced among older Anglo-Australians.



Older CALD Australians have different migration experiences and circumstances, where their cultural traditions and linkages play a pivotal role in maintaining their overall health and wellbeing. More importantly, delivering services which meet their different cultural practices, religious beliefs, sexual orientations and disabilities are highly complex and challenging. Therefore advocating “mainstreaming” can be viewed as an economic and political decision which may jeopardise the welfare and wellbeing of older CALD Australians, without taking into account their specific needs. It is evident that language and cultural issues emerge as a common source of difficulty in care delivery when older CALD Australians are placed within a mainstream care setting. Not to mention the challenges faced by older people from CALD backgrounds with dementia.

I am, by no means, a voice of authority on this topic. However, my experience of working over 20 years with older CALD Australians within their vibrant communities support my belief that an ethno-specific service creates a better way to foster healthy ageing for older CALD Australians.

Within their community, older people from CALD backgrounds can communicate freely in their first language where staff share their cultural backgrounds, and understand and respect their cultural practices and norms. The risk of misdiagnosis is minimal and they are not required to communicate through a third party (interpreters and/or translated materials) to express their needs and views. There are friendly staff who can assist them and their families in navigating the service systems and connect them to appropriate services where their needs can be more effectively attended to. This reduces the frustration of queueing up for 1800 number enquiries or relying upon TIS for translation. Further, the service settings are specifically designed and decorated to enhance a sense of comfort and familiarity to help them feel

at home. This sense of community is where older CALD Australians create connections and build relationships without a sense of being in a distinct minority or even alienation. It cultivates a sense that everyone is valued, appreciated and understood for their individuality, while respecting diversity in an environment which allows them to exercise their independence and autonomy. They feel comfort and safety to express their opinions in their first language and find joy of being heard and understood. There are friends and staff around them who understand their life experiences and share their cultural practices and norms. In their vibrant community, they can enjoy their cultural music and activities, celebrate their cultural events and festivals, practise religious observance and most importantly, satisfy their taste buds with cultural food which they have enjoyed since childhood.

People are more than labels such as “culturally and linguistically diverse”. People are people, and every older CALD Australian is to be valued and treasured for their individuality and diversity in a rich community that we are proud to call home.



THE ESSENTIALS OF CUSTOMER EXPERIENCE IN AGEING WELL AFTER MIGRATION

DR IRENE BOUZO



Dr Irene Bouzo has been the Executive Officer at Ethnic Communities Council of Victoria (ECCV) since May 2015. Prior to that she worked in policy advocacy at ECCV for over seven years and contributed significantly to shaping and improving ethnic aged care in Victoria. Irene participated in the 2016 FECCA/NARI Roundtable on identifying gaps and advancing research around ageing in culturally diverse communities in Australia.

Ethnic Communities Council of Victoria (ECCV) has played a strong role in providing leadership around migration and ageing for Victorian ethnic and multicultural community-based aged care organisations. It makes sense therefore that our advocacy work has focussed on improving government policy to enhance access to aged care services for Victorian seniors from culturally diverse backgrounds over the past decade.

We partnered with Seniors Rights Victoria to raise awareness amongst non-English speaking seniors around seniors' rights in elder abuse prevention. We worked with the Victorian Department of Health and Human Services to improve ethnic seniors' access to Home and Community Care (HACC) services through better diversity planning and frameworks. In health literacy ECCV worked with Palliative Care Victoria to enable ethnic seniors to live well in the final stages of life. To improve our digital footprint we moved *Golden Years*, our ethnic aged care quarterly magazine to an on-line flip book. We still, however, send out *Our Golden Years*, the ECCV newsletter for ethnic seniors clubs by postal mail to almost 400 ethnic seniors clubs.

Identifying research gaps and projects to improve ageing in culturally diverse communities is challenging as we are on the cusp of change in our economy and society. Some of the key trends in aged care in the coming years are the focus on the customer experience; improving digital literacy for seniors; overcoming social isolation; and the need for a good level of health literacy and financial literacy to enable seniors to stay living at home independently with a quality of well-being. When these universal issues facing seniors are overlaid with a multicultural lens the challenges for seniors from non-English speaking backgrounds are amplified. The need for customised bicultural and bilingual awareness raising programs and culturally appropriate services are pivotal in overcoming such challenges. The essential question is to what extent have we asked seniors from culturally diverse backgrounds how they want to age in Australia.

Migration has significant and diverse impacts on how well seniors live and age into their golden years. The migration circumstances vary for post-war established migrants and newer emerging migrants from refugee backgrounds who may have experienced trauma and torture. How older people reunited with their families differs vastly. It is therefore fundamental that diversity within diversity is taken into account when engaging with older people from culturally and linguistically diverse community backgrounds.

We are at the beginning of the digital era. Customer service is linked to technology with an increasing speed and breadth of knowledge turnover. Our economy and society demand that we adapt to

change. Our everyday lives and understanding of ourselves, especially for culturally diverse seniors, are linked to how comfortable and skilled we are with an increasingly de-personalised world of technology.

Ethnic seniors clubs play an important role in overcoming social isolation and connecting people from same language backgrounds. In 2015 ECCV worked with Consumer Affairs Victoria to develop a capacity building initiative for ethnic seniors clubs as the paper reporting processes for small incorporated associations were replaced with online reporting. That involves access to computers and a more-than-basic digital literacy for culturally diverse officer bearers in ethnic seniors clubs. More than ever we need research to identify systemic barriers and vulnerabilities for culturally diverse seniors and effective strategies to support them in the face of the digital disruption.



Evidence-based research has been important to our advocacy work. ECCV has consistently advocated for cultural responsive and inclusive research especially around ageing in culturally diverse communities. When we partnered with Monash University on two research papers It's not an '*Either/Or*'—*mainstream versus ethno-specific services* (2008) and *Practising Positive Partnerships in the Ethnic and Multicultural Aged Care Sector* (2010) we gained some important insights about how to conduct research with seniors from non-English speaking backgrounds. We found that academic researchers need to factor in additional time and resources if they aspire to practical research outcomes. When the interview participants felt uncomfortable signing consent forms, we discovered the need to stop the research process and to conduct culturally responsive workshops to increase their knowledge about informed consent forms and background ethics. To empower the

research participants especially those from smaller ethnic organisations we invited them onto the Research Steering Committee and gave them equal power, status and listening time to understand their views. Needless to say their voice, usually unheard, added significant value to our research projects.

Significant findings of that Monash research were that many older Victorians from non-English speaking backgrounds want to stay at home living independently longer; and expressed a preference for ethno-specific aged care services such as those provided by about 50 ethnic and multicultural aged care organisations around Melbourne.

Aged care reforms at the government level have challenged the survival of ethnic aged care organisations. Peter Shergold's work in 2014 on reforms in the community service sector shifted the focus in aged care service delivery to a newly perceived class of consumers with increased personal choice and control. The notion of choice and control provides ground breaking opportunity for consumers, however it is also problematic on several levels. The availability of 'choice' can be affected the availability of a diverse range of providers, quality of choices on offer and uneven playing field in the 'market', where larger organisations have more resources to developed their business efficiencies and marketing. 'Control' on the other hand hinges on the assumption that generally older people have the knowledge, awareness about aged care services and capability to choose freely. Our community feedback tells us that older people from ethnic backgrounds are confused and ill-prepared for the new consumer-directed-care economy. Most importantly, who will be there in an economic driven market to provide service for those non-English speaking consumers who are often deemed too costly and difficult to serve?



Culturally appropriate community development and awareness raising are the neglected precursors that would enable ethnic seniors to better exercise consumer choice and control. In fact we would like to see them empowered so they become 'demanding consumers' where they confidently demand equal rights, equal access and the culturally responsive support they need and deserve.

ECCV has been working with executives and managers in ethnic aged care organisations to make sense of the how to seize the opportunity of a consumer driven aged care sector, to grow and to market what they have always done best; to provide culturally responsive, bilingual, bi-cultural, localised, personalised, face-to-face aged care services.

ECCV engaged consultants from Ernst and Young on our 2015-16 *Sustainability in Ethnic and Multicultural Aged Care Project* to provide alternative business models for ethnic and multicultural organisations that shift the focus from surviving in a new market-driven economy to a thriving mindset. One challenge is how those organisations will develop growth strategies to meet the demands of ethnic seniors as consumers.

If these factors are seen as positive disruptions, then how do we consider what the essentials are for older consumers from culturally diverse and non-English speaking backgrounds? More culturally inclusive research would assist us to make sense of those disruptions. Unless we respond with culturally responsive adaptation strategies to these changing trends the consumers over 65 years in our multicultural sector are at risk of becoming more disadvantaged and missing out on support.



There has never been a greater need for evidence-based research to find out how people from culturally diverse backgrounds would like to age well after migration; how they can exercise choice as consumers and better understand seniors rights, and what our increasingly digitised and market-driven world means to them. Policy advocacy peak NGOs such as ECCV require the partnership and assistance of researchers to create an evidence-based platform to advise governments and the community sector on how best to move forward to improve the life and health of older culturally diverse people, many of whom built up our Australian economy.

PARTNERING WITH CONSUMERS TO DEVELOP A VIETNAMESE DEMENTIA TALKING BOOK

DR DIANNE GOEMAN



Dr Dianne Goeman is a Senior Research Fellow in the RDNS Institute. She holds an MA in Applied Social Research and her Ph D consisted of an educational intervention to improve the style and content of general practice

consultations for older people with asthma. Her research focus is on healthy ageing and integrated and holistic care models using co-design and action research principles. Current projects include provision of support for people living with cognitive impairment and their families/carers, addressing health literacy, the priorities of older people living with chronic illness as well as the provision of holistic care to this group, evaluation of a homeless persons program, improving the physical wellbeing of people living with mental illness and reducing falls in older people after hospitalisation for a fall.

After the war in Vietnam in 1975, many Vietnamese people fled their home country and sought refugee status in Australia. This influx of Vietnamese people to Australia again dramatically increased in the 1990's with the Federal Government's implementation of the Vietnamese Family Migration Program. In 2015, the Australian Bureau of Statistics reported 223,180 (1.0%) of the Australian population were Vietnamese-born, this represents the fifth largest migrant community in Australia. Thirty-eight percent (84,320) of the Vietnamese population are now above 50 years of age and fifty-six percent of this group do not speak English well, or not at all, and due to living in a country at war they often had no formal schooling in their own language.

With more than 300,000 people diagnosed with dementia in Australia, and this figure projected to increase to 500,000 by 2030, dementia is a national health priority for the Australian Government. Dementia has profound consequences for the health and quality of life of people with the condition, as well as their families and friends. Dementia is primarily a disease related to age and increasingly older Vietnamese people are being identified as experiencing memory problems.

Diagnosis of dementia in culturally and linguistically diverse (CALD) communities occurs mainly in the later stages of the disease when contact with health professionals is usually triggered by crisis point. While language is one of the barriers to seeking assistance earlier having little knowledge about the symptoms and care of people with dementia, where to seek help and stigma are also factors that lead to a delay in seeking help.

Consequently, when providing 'person-centred care' to older Vietnamese people it is necessary for health professionals to be mindful of addressing any health literacy issues, ensuring that the information and resources that they provide is understood by older



Vietnamese people. New technologies such as online resources are able to assist with the dissemination of health communication and self-management education by providing information in a manner that is culturally and linguistically appropriate and relevant to users.

In order to address the low literacy of older people of Vietnamese background experiencing memory problems or living with dementia researchers from the RDNS Institute and the RDNS Cultural Diversity Manager worked together with Vietnamese Community members, Alzheimer's Australia Victoria and the Australian Vietnamese Women's Association to develop an online Vietnamese Dementia 'talking book' that can be accessed through the internet.

A 'talking-book' is a bi-lingual, multimedia tool that can be viewed on a computer and online. It can be used by an individual and or their carer and families to enhance understanding of dementia and strategies to help manage the condition and it can also be used as a teaching and learning resource to support health professional staff to provide health and care management education to Vietnamese clients.

Fifty-nine members of the Vietnamese community and 11 stakeholders from community health services and ethnic agencies worked together with the two consumer advocacy groups and the project working group to co-design and refine the talking book. Our co-design process included partnering with consumers to identify their needs and select culturally appropriate and relevant content for the book. After the selected information was modified to an appropriate language level for translation into the Vietnamese language, the book was evaluated for acceptability to the community and then further modified based on this feedback.

The final product 'Information on Dementia in Vietnamese' comprised information on nine different topics in a way that is easily understood and provides an intergenerational tool that offers users the choice of reading the information in Vietnamese or English or listening to it in Vietnamese. Information can also be printed in English and Vietnamese.

Twenty-two members of the Vietnamese community evaluated the final product. Evaluation of the talking book revealed widespread consensus that the book enhanced the knowledge of members of the Vietnamese community in regard to understanding dementia and increased knowledge about navigation and accessing of available services.

Additionally, the Vietnamese Dementia Talking book facilitates the provision of care to Vietnamese people living with memory loss by assisting health professional staff to develop relationships with Vietnamese clients, their families and carers in a culturally appropriate manner and provide information that is understood and relevant.

In addition to the 'Information on Dementia in Vietnamese' talking book RDNS has four talking books on type 2 Diabetes, these are available in Greek, Italian, Macedonian and Vietnamese. Ideally, we will see an increase in CALD communities and researchers working together to develop and evaluate relevant tools that address low health literacy issues in a culturally appropriate manner.

The 'Information on Dementia in Vietnamese' talking book is available at the following website:

<http://www.rdns.com.au/public/TalkingBooks/VietnameseDementia/VietnameseDementia.html>.

We would like to acknowledge that the development of the talking book was made possible through funding provided by the Samuel Nissen Charitable Foundation.

THE CHANGING FACE OF RURAL AUSTRALIA AS A MULTICULTURAL SOCIETY

ASSOCIATE PROFESSOR IRENE BLACKBERRY



Associate Professor Irene Blackberry is a health services researcher and Director of the John Richards Initiative in rural ageing and aged care research at La Trobe University, Wodonga. She is also an honorary Principal Fellow

at the University of Melbourne and at the National Ageing Research Institute. There are two major research streams to her work on chronic diseases and ageing, united by a focus on implementation studies of complex multi-factorial intervention across the community, primary and secondary care setting drawing on both qualitative and quantitative methods. She co-founded of the rural chapter of the Australian Association of Gerontology Victoria.

One in three older Australians live in rural areas. Despite low numbers, older population are much more concentrated in rural areas partly due to the younger population moving to metropolitan areas for education, job and training as well as rural migration among older population to seek tree or sea change. Thus it is projected that the bulk of population ageing will primarily live outside metropolitan areas. The majority of older people from culturally and linguistically diverse (CALD) background reside in the metropolitan areas with small numbers disperse across the rural areas.





SERVICE AND SUPPORT DECISIONS

Ethnic seniors rely on their social network to access services and support as well as to assist with transport to community activities or health care appointments. Well documented challenges faced by older people in rural communities include:

- Poor health that limit their mobility and independent living
- Lack of family support to assist with travel and access to social and health care
- Geographic and social isolation due to death of spouse, living in a remote location, change of social circumstances
- Lack of affordable transport options and long travel distances
- Lack of engagement and awareness of available services and support

Additionally, specific cultural factors that impact on decisions to access services and support among ethnic seniors include:

- Language barriers
- Cultural traditions, values and adverse life experiences
- Reluctance to ask for help
- Racism
- Limited exposure to health or aged care services and support system
- Lack of culturally appropriate services and support
- Financial limitation
- Lack of technology infrastructure and literacy to access online information, services and support

SOCIAL PARTICIPATION AND INTEGRATION

Social isolation and exclusion are major issues among older population in rural areas and this is even more prominent among the CALD population. The CALD population in rural areas are predominantly people of European background who have settled for over decades in Australia. They have formed culturally specific groups in their local communities that are well established and open to other ethnic groups including Anglo-Saxon Australians. Culturally specific groups offer regular social contacts among ethnic seniors. The groups are also key to maintaining cultural identify. Larger groups offer a variety of social activities including dancing, regular meeting, meals, bus trips and games. More recent rural migration due to family reunion and refugee create smaller groups of ethnic seniors that tend to meet informally.

In rural areas, there are various degrees of engagement of ethnic seniors to the cultural networks. Some ethnic seniors are well integrated into the mainstream social and community activities while others less so. The duration since migration to Australia, gender and ethnicity are determining factors on how ethnic seniors take up the mainstream services. Some ethnic seniors prefer to keep things to themselves and their families or cultural networks rather than joining mainstream organised activities.

AGED CARE WORKFORCE

The ageing population and growing epidemic of chronic diseases put a huge burden on the health care system. Demand on aged care is expected to rise yet there is a projected shortage of skilled aged care workforce to meet this demand. In rural communities, there are additional challenges associated with recruitment and retention of workforce that impact on the continuity and quality of care being delivered.

Among ethnic seniors, general practitioners play a key role in delivering health care in rural communities. Recent Aged Care Survey by the Royal Australian College of General Practitioners identified significant gaps in viable funding models for rural general practitioners. Rural general practitioners are faced with a complex disability

and chronic conditions with little integration and support from a local multidisciplinary care team. Moreover, ethnic seniors generally present at a later stage of disease progression and often at a crisis point. There are increasingly high number of overseas trained doctors and nurses undergoing re-accreditation in rural Australia. These health professionals increased exposure to a multicultural society in rural areas however high proportion move back to metropolitan areas for better career opportunity and those who remain often face challenges with lack of cultural awareness.

CONCLUSION

There are many small CALD communities dispersed across rural areas. With increased migration and in the proportion of older population in rural areas, delivery of services and support will be a significant issue. The lack of critical mass in ethnic population preclude viable culturally specific services and support. Engaging ethnic seniors particularly those in social or geographical isolation to connect with the culturally appropriate services and support as well as with the wider community, social and health services is important. There also needs to be a greater awareness and understanding of cultural diversity among people in rural areas and opportunity for ethnic seniors to maintain their cultural identity.

References are available upon request.

OLDER CALD IN AUSTRALIAN RESIDENTIAL AGED CARE

ASSOCIATE PROFESSOR LEE-FAY LOW



Lee-Fay Low is Associate Professor for Ageing and Health in the Faculty of Health Sciences, University of Sydney. She conducts research into ageing, dementia and aged care, and believes that people from culturally and linguistically diverse backgrounds need to be considered as an integral part of older Australia rather than a 'special' group treated separately.

diverse backgrounds need to be considered as an integral part of older Australia rather than a 'special' group treated separately.

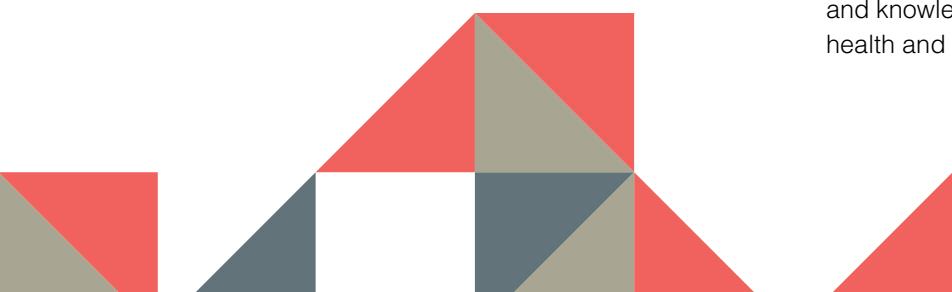
We know what good culturally appropriate care is, but it often does not occur. Reporting of aged care data and accreditation reports should also include information about CALD residents. Until a spotlight is shone on inequalities in service provision and inadequacy care for people from CALD backgrounds in residential aged care, improvements will not occur.

ARE PEOPLE FROM CALD BACKGROUNDS LESS LIKELY TO USE RESIDENTIAL AGED CARE?

In Australia as at 30 June 2014, there were 2688 federally funded residential aged care beds. People from CALD backgrounds are less likely to use residential aged care than Australian born. For example Australian born people use residential care at more than twice the rate than those born in East Asia. Migrants may prefer to use home care over residential care. The ratio of people using residential aged care compared to home care was about 3:2 for people born in Southeast Asia and North Africa/Middle East, about 4:1 for those born in Australia, UK/Ireland and New Zealand/Other Oceania (AIHW).

DO PEOPLE FROM CALD BACKGROUNDS HAVE DIFFICULTY ACCESSING SERVICES?

It is not clear whether the underrepresentation of people from some CALD backgrounds in residential aged care is through choice and cultural preferences or because of difficulty accessing services. It is probable that both choice and access contribute to lower use. During the 2010 Caring for Older Australians Productivity Commission inquiry there were numerous submissions describing the barriers of older CALD people in accessing services – these included language, appropriateness of services, and knowledge and understanding of the Australian health and aged care system.



Access to and information about aged care services is increasingly being provided through the myagedcare website. An emerging barrier for older people from CALD backgrounds may be digital literacy – interest in, access and ability to navigate the internet. Nursing Home Compare is the American federal national searchable website which provider's information about nursing homes in America. It serves a similar purpose to myagedcare in Australia. Americans from ethnic minorities are less likely to know about Nursing Home Compare than White Americans. Surveys of ethnic minorities in America show that they want more information about nursing homes than currently available from Nursing Home compare—for instance about resident and staff racial/ethnic concordance, language concordance and facility cultural sensitivity.

American data also suggests that people from ethnic minorities access residential care later. Compared to non-Hispanic white residents, at nursing home admission ethnic minority residents have more functional disability, more likely to be totally dependent in activities of daily living and to have greater cognitive impairments, and have pressure ulcers.

DO PEOPLE FROM CALD BACKGROUNDS RECEIVE POORER RESIDENTIAL AGED CARE?

There has been limited information published focusing on people from CALD background using Australian administrative aged care datasets. However American researchers have been publishing data examining ethnic minority residents in their minimum datasets, and these are presented below.

American research suggests that people from ethnic minorities tend to receive care in lower quality nursing homes, and receive lower quality care in the homes. Nursing homes serving higher proportions of minority residents have lower nurse staffing levels and a relatively high number of deficiency citations. Facilities with higher proportions of black residents had lower consumer satisfaction ratings scores that persisted over time. Followed across time, more black people developed pressure ulcers sooner than expected compared to white non-hispanics. Although most nursing home residents have low overall social engagement, ethnic minority residents are even less socially engaged than white residents. Since greater knowledge and effort may be required to provide good care for people for CALD backgrounds in mainstream facilities, it is probable that similar discrepancies in care occur in Australia, some of the research on specific aspects of care support this assertion.

LANGUAGE

Being able to communicate with staff and other residents is an important part of the wellbeing of CALD aged care residents. A survey of Victorian aged care facilities found that 68% of facilities had at least one resident who spoke a non-English language. About a sixth (16%) of residents who spoke a non-English language were the only person who spoke their language in the facility. One quarter of facilities with non-English speaking residents reported not employing staff members who spoke to residents in their preferred languages or using language-specific resources.

FOOD

Food is an important part of quality of life of nursing home residents. It has been reported that serving traditional food can improve CALD residents' appetite, nutritional intake and quality of life. Dishes from childhood may help maintain and strengthen cultural identity, create joy and increase a persons' feeling of belonging, being respected and cared for. However CALD residents in mainstream facilities may not be able to eat their preferred foods or dine in their traditional way. For instance in one study Asian American residents generally did not consider the institution's effort to provide an "Asian diet" of hot tea and juk (rice porridge) to be Chinese food. For Chinese elders, the biomedicalised, individualised food service and mealtime caregiving practices stripped food of its meaning as a social, shared mealtime experience with family. A German study found that migrants are more likely to be undernourished than native German residents, this may be partly because the food serviced is not enticing to them.

MODELS OF CARE FOR CALD - ETHNO-SPECIFIC, MULTICULTURAL, CLUSTERS, PARTNERSHIPS

As at June 2015 there were 2680 federally funded residential aged care facilities in Australia. There are three models of care catering for CALD – ethno-specific, multicultural and cluster models. We were unable to locate data on the number of each type of these facilities. Ethno-specific care caters for a specific racial, cultural group or language – e.g. Chinese, Jewish, Spanish-speaking. The architecture and furnishings, communication, activities and food are designed for that culture. Multicultural facilities specialise in looking after people from CALD backgrounds, and may prioritise access to some CALD groups. Multicultural providers have cross-culturally trained staff and provide appropriate food, staff, pastoral care, bilingual support and activities. Clustering entails locating together a small number of clients (3 or more) with the same ethnic background so that culturally tailored care can be provided.

There is some evidence that people from CALD backgrounds receive better care in ethno-specific facilities compared to CALD in mainstream facilities. Carers from CALD backgrounds prefer to place their loved one in ethno-specific facilities. Family members with relatives in ethno-specific care are more satisfied with care, in terms of meeting the resident's language and cultural needs, social/leisure activities, and the food provided. Residents are observed as communicating with each other more in the ethno-specific facilities, are prescribed antipsychotics at a significantly lower rate are more likely to be treated effectively with antidepressants.

POLICY-MAKERS NEED TO CONSIDER OLDER CALD AUSTRALIANS DURING POLICY DEVELOPMENT, NOT AS AN AFTERTHOUGHT

When it is being written, aged care policy should consider how the policy will be executed with relation to CALD clients, anticipating possible unintended discrimination or prejudices. For quality-of-life and satisfaction tools are being currently trialed as quality indicators. Are these tools culturally fair? Have translated versions been provided? Will mainstream facilities be required to survey their CALD clients? Will quality indicator data be published in a way which gives consumers information about how CALD-friendly a facility may be?

FECCA STATE, TERRITORY AND REGIONAL MEMBERS

AUSTRALIAN CAPITAL TERRITORY

ACT Multicultural Council Inc.

PO Box 5026 Chisolm ACT 2905
P: 0404 004 925
E: mithunka@gmail.com

NEW SOUTH WALES

Ethnic Communities' Council of NSW

221 Cope St Waterloo NSW 2017
P: 02 9319 0288
F: 02 9319 4229
E: admin@eccnsw.org.au
W: www.eccnsw.org.au

Multicultural Communities' Council of Illawarra Inc.

117 Corrimal Street Wollongong NSW 2500
PO Box 238 Wollongong NSW 2520
P: 02 4229 7566
F: 02 4226 3146
E: admin@mcci.org.au
W: www.mcci.org.au

Multicultural Council of Griffith

Kyoo Street Griffith NSW 2680
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P: 02 6964 4366
F: 02 6964 6364
E: multiculturalcouncilofgriffith@gmail.com

Multicultural Council Wagga Wagga Inc

53 Trail Street Wagga Wagga NSW 2650
PO Box 222 Wagga Wagga NSW 2650
P: 02 6921 6666
F: 02 6921 6669
E: multicultural@mcww.org.au
W: www.mcww.org.au

Young & District Multicultural Association Inc.

62 Redhill Road Young NSW 2594
PO Box 92 Young NSW 2594
P: 02 6382 5469
F: 02 6382 3575

NORTHERN TERRITORY

Multicultural Council of the Northern Territory

Malak Shopping Centre
Shop 15, Malak Place Malak NT 0812
PO Box 299 Karama NT 0813
P: 08 8945 9122
F: 08 8945 9155
E: admin@mcnt.org.au
W: www.mcnt.org.au

QUEENSLAND

Ethnic Communities Council of Qld

253 Boundary Street West End QLD 4101
PO Box 5916 West End QLD 4101
P: 07 3844 9166
F: 07 3846 4453
E: administration@eccq.com.au
W: www.eccq.com.au

Ethnic Communities Council of Logan Inc.

PO Box 604 Woodridge QLD 4114
P: 07 3299 3377
F: 07 3402 3084
E: admin@eccl.org.au
W: www.eccl.org.au

Multicultural Communities Council Gold Coast Inc.

1 Dominions Road Ashmore
QLD 4214
PO Box 345 Ashmore City QLD 4214
P: 07 5527 8011
F: 07 5527 8531
E: mail@mccgc.com.au
W: www.mccgc.com.au

Townsville Intercultural Centre

Level 1, 360 Citilink Building
358 Flinders Street Townsville
QLD 4810
PO Box 1858 Townsville QLD 4810
P: 07 4772 4800
F: 07 4772 1840
E: farvardin.daliri@bigpond.com
W: www.townsvilleic.com.au

SOUTH AUSTRALIA

Multicultural Communities' Council of South Australia Inc.

113 Gilbert St Adelaide SA 5000
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TASMANIA

Multicultural Council of Tasmania

McDougall Building
Ellerslie Road Battery Point TAS 7000
PO Box 798 Hobart TAS 7001
P: 03 6224 8838
E: mcot@tassie.net.au
W: www.mcot.org.au

VICTORIA

Ethnic Communities' Council of Victoria

Statewide Resources Centre
150 Palmerston St Carlton VIC 3053
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F: 03 9349 4967
E: eccv@eccv.org.au
W: www.eccv.org.au

Diversitat (Geelong Ethnic Communities' Council)

153 Pakington Street
Geelong West VIC 3218
P: 03 5221 6044
F: 03 5223 2848
E: diversitat@diversitat.org.au
W: www.diversitat.org.au

Ballarat Regional Multicultural Council

Golden Point Learning and Cultural Environment, Cnr Grant & English Streets
Golden Point VIC 3350
PO Box 1418 Bakery Hill VIC 3354
P: 03 5332 5941
F: 03 5332 5944
E: admin@brmc.org.au
W: www.brmc.org.au

Ethnic Council of Shepparton & District

158 Welsford St Shepparton VIC 3632
PO Box 585 Shepparton VIC 3632
P: 03 5831 2395
F: 03 5831 3764
E: ecshepp@mcmedia.com.au
W: www.ethniccouncilshepparton.com.au

Gippsland Ethnic Communities' Council Inc.

PO Box 3492
Gippsland Mail Centre VIC 3841
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F: 03 5126 4027
E: gippslandEEC@gmail.com
W: www.gippslandethniccommunitiescouncil.websytle.com.au

North East Multicultural Association

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PO Box 417 Wangaratta VIC 3676
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E: nema@nema.org.au
W: www.nema.org.au

WESTERN AUSTRALIA

Ethnic Communities' Council of Western Australia

20 View Street North Perth WA 6006
P: 08 9227 5322
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W: www.eccwa.org.au

ASSOCIATE MEMBERS

National Ethnic Disability Alliance

PO Box 971 Civic Square ACT 2608
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Healthy Ageing Chair

Victor Marillanca JP
Disabilities' Chair

ABOUT FECCA

FECCA is the national peak body representing Australians from culturally and linguistically diverse (CALD) backgrounds. We provide advocacy, develop policy and promote issues on behalf of our constituency to government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism.

FECCA's membership comprises state, territory and regional multicultural and ethnic councils. FECCA has an elected executive committee and a professional national secretariat implementing policies and work programs on behalf of its membership and stakeholders.

For more information and to read more about FECCA's policies and program, please visit our website: www.fecca.org.au. Alternatively, please contact the FECCA office on (02) 6282 5755, or email: admin@fecca.org.au.

ADVERTISING IN AUSTRALIAN MOSAIC MAGAZINE

Advertising in *Australian Mosaic* enables broad reach to an influential audience and the ability to effectively spread the message about your organisation's work with CALD communities. Advertising costs as little as \$350 +GST for a quarter page full colour placement or up to \$1000 + GST for a full page colour placement.

Advertising in *Australian Mosaic* supports the work of FECCA in promoting the interests of CALD communities, strengthening Australian society as a whole.

Size	Full colour advertisement
Full page (A4)	\$1000 +GST
Half page (A5)	\$650 +GST
Quarter page	\$350 +GST

