

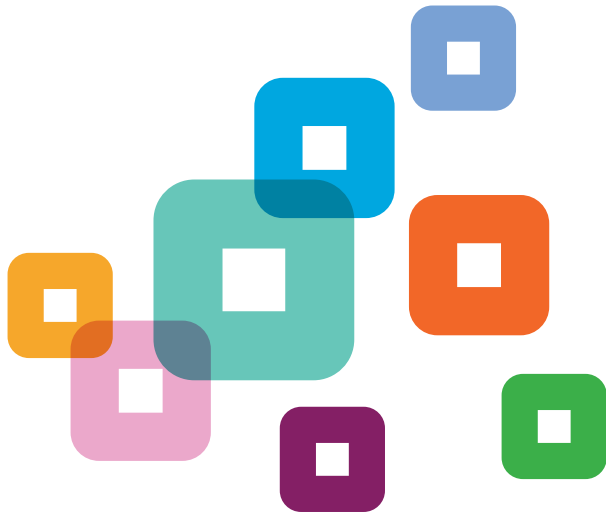


Department of Local Government,
Sport and Cultural Industries
Office of Multicultural Interests

Ageing in Multicultural Western Australia

A Longitudinal Study of Diversity Trends,
Challenges and Policy Imperatives





Acknowledgements

This report is the result of a collaboration between the Office of Multicultural Interests and the University of Western Australia which resulted in two reports, one from each organisation. The reports therefore have elements in common. This report acknowledges the contributions of Office of Multicultural Interests; the University of Western Australia and Bridging Cultures Pty Ltd.

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1. Executive summary

1.1 Overview

Understanding the economic and social composition of older Western Australians from culturally and linguistically diverse (CaLD) communities is essential for informed strategic planning within all levels of government. Moreover, it is necessary to understand the challenges and barriers that face this group to determine what services and supports are required from health, social services and aged care providers to meet diverse needs. For people who have left their countries of origin to settle in Australia it is important that they experience equitable access to, and outcomes from services, which in turn will assist them in navigating the challenges associated with getting older. The paradigm is clear: the nature of contemporary Australian society is changing as the mid-20th century overseas migration program yields an older population cohort, due in part to the longevity boom.

This report provides a review and analysis of the demographic, social and economic data for older Western Australians from CaLD backgrounds and identifies the major trends and issues for these people drawing on Australian Bureau of Statistics (ABS) Census data from 2006 to 2016, with a close examination of the Western Australian population groups within local government areas. It also provides a contemporary policy view of areas that impact the health and wellbeing of older people on the national, State and local fronts.

Attention has been given to demographic, cultural, socioeconomic and spatial changes and how these changes are impacting on needs related to health, wellbeing, aged care services and the social connectivity of people aged from 55 years from CaLD backgrounds. Wherever possible, the results are compared with those of older people born in Australia and Main English-Speaking Countries (MESC) to assist in understanding the commonalities and differences between these groups. These demographic shifts are occurring at a time when significant reforms have been implemented, including a consumer-directed approach to community aged care and measures implemented to universalise the aged care system with the introduction of the centralised *My Aged Care* portal. Accordingly, the report includes an analysis of implications of these trends and findings for national and State policies and programs, including the Aged Care Diversity Framework launched in December 2017, and the Aged Care Quality Standards introduced on 1 July 2019. It probes into national policy, which addresses the challenges and barriers faced by older CaLD groups, such as access to and navigation in aged-care services, disability services and the latest reforms that impact on the health and wellbeing outcomes of older Australians. It discusses policy measures that address inequities faced in aged care, including the Aged Care Diversity Framework and action plan for CaLD consumers of aged care released in February 2019.

The review of the data has identified a cycle of vulnerability arising from:

- a rapid rate of growth of the older age groups
- low English language proficiency levels
- limited education
- lower than average employment rates
- a decline in personal income levels
- a high need for assistance with core activities.

The analysis has found that while the percentage of older people in the 85+ age group from CaLD backgrounds is increasing, the number of centenarians spiked mid-decade followed by a notable decline up to 2016. It highlights the need to provide language and communication services to those with the lowest English language proficiency rather than engaging volume measures to determine resource allocation. It also underscores the need for safety-net provision to enable the most vulnerable older people from CaLD backgrounds to protect against the factors that make them vulnerable to a cycle of disadvantage arising from lower income and employment rates and higher rates of disability.

Finally, the report puts forward recommendations for future actions to assist older people in WA from CaLD backgrounds, based on the priorities of the Aged Care Diversity Framework with information and useful inquiry methods designed for self-advocacy in a range of service environments. It is important that due consideration is made to improve existing outcomes for this cohort as the data indicates that there are shortfalls in rates of access to services and, more importantly, a lack of understanding of, and access to, the Australian social and human services sector and their support mechanisms. It also recommends further research into culturally appropriate policies and programs that could help reducing the gaps and reaching the most vulnerable groups.

1.2 Purpose of report

The purpose of the report is to provide a quantitative and qualitative analysis of the demographic, social and economic status of CaLD older people living in Western Australia. It provides an updated profile of Western Australians who are aged 55 years and above and who are from CaLD backgrounds, and provides an insight into their social and economic circumstances to assist in future planning for services. The purpose of the report extends to providing a useful tool for older people from CaLD backgrounds in WA to navigate the challenges and barriers to inclusive service provision in a range of environments. The appendices also provide local government policy makers with information about where specific language and cultural groups are located and where older people with low English language proficiencies are living. The report is unique in nature, as it provides a decade's worth of analysis on the demographic, social and economic status of culturally and linguistically diverse older people living in Western Australia.

1.3 Background

Australia's population is one of the most culturally diverse of any country in the world. According to the most recent 2016 Census, almost half (49.3%) of Australians were either born overseas (first generation migrants) or have one or both parents who were born overseas (second generation migrants). The proportion of Australians born overseas reached its highest historical point (26.3% or 6.16 million people) in mid-2016. For the first time in census history, Indigenous Australians made up 3.3% of the population.¹

The cultural and linguistic diversity of the population presents a range of opportunities and challenges for all kinds of service delivery and support practices, including the aged care sector. Increasing numbers of people around the world are living longer and older people make up a growing proportion of the world's population. Australia is no exception.

According to the 2016 ABS Census, 3.7 million (16%) Australians are aged 65 or over. This number is projected to increase dramatically in the coming years, to around 7.5 million by 2050. The number of people aged 85 years and over is also set to grow substantially and to make up a greater overall proportion of the older population in the coming years. These demographic changes mean that there will be significant increases in the demand for aged care services.

These demographic shifts are occurring at a time when significant changes to service delivery are taking place, including the implementation of consumer-directed care in home and community aged care programs since 2015 and the establishment of a national aged care system. Multicultural specific policy in aged care has been broadened to include an agenda where a range of population groups are included in the scope of policy formation. The former Ageing and Aged Care Strategies for people from CaLD backgrounds and for people who identify as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) which ran from 2012 to 2017 have been reviewed² and are now superseded by the Aged Care Diversity Framework, which was launched in December 2017. Essentially, the Diversity Framework provides actions for a range of stakeholders and is not limited to actions for government as the previous strategies solely articulated. The framework provides guiding principles to respond to Australia's increasingly diverse

49.3% of Australians were either born overseas or had one or both parents born overseas

16% of Australia's total population is aged 65+

65.5% of older population (65+) born in Italy compared with 33.1% born in England

ageing population. The framework identifies diversity as ‘reflected in the religion, spirituality, sexuality, culture, socio-economic background, geographic spread and personal experiences of our senior population’.³ It acknowledges that ‘there are gaps, where more needs to be done so that all people have equal access to appropriate aged care services delivered in a sensitive manner’.⁴ The framework has released a series of action plans including one for CaLD older people. This report makes recommendations concerning the gaps that will address inequity of wellbeing and aged care outcomes for older people from CaLD backgrounds.

The report is the latest in the suite of reports produced by the Office of Multicultural Interests (OMI). In 2012, OMI prepared the first profile⁵ of CaLD older people in WA, highlighting the composition and issues facing this cohort based on 2006 Census data. This was followed in 2014⁶ with an update report drawing on 2011 Census data and with the publication on *Culturally and Linguistically Diverse Seniors in Regional WA*. Since 2015, OMI has prepared a number of reports⁷ from the *Multicultural Café Aged Care consultations* held in collaboration with CaLD Aged Care Service Providers and local governments. The Multicultural Café Aged Care consultations have been instrumental in building collaborations between government, community organisations, service providers, local councils and the community at large, and have raised awareness of much-needed services and supports that exist in the aged care landscape in Western Australia.

The report identifies that the number and proportion of older people from CaLD backgrounds are increasing rapidly, compared to those born in MESC and Australia. CaLD communities have a higher concentration of people in the older age categories than their MESC and Australia-born counterparts. This is particularly the case for Australians who migrated from Southern Europe and can be seen in the data for the Italy-born in Australia who were aged 65 or over in 2016, with a rate of 65.5%, compared to 33.1% of the England-born migrants.

In addition, the mix of migrant groups with the highest proportion of older people is changing over time, reflecting changes in migration as articulated in Table 1. Australia’s current overseas-born older population is made up mainly of people born in European countries, especially those aged 65 or over. However, future years will see a large number of older people who were born in Asian countries, North Africa and the Middle East, the Americas and Sub-Saharan Africa.

Reflecting national trends, WA’s demographic and cultural landscape is changing considerably over time with migration from the traditional European source countries slowing down or declining, while migration from Asian, Middle Eastern and African countries is increasing. There has been a more rapid increase in the number of older people from CaLD backgrounds compared with other age groups due mainly to the ageing of the post-World War II migrant communities.

The data has identified that Western Australia is similar to other Australian States in terms of its diverse composition of cultures and language backgrounds, particularly for older population groups. This composition has significant implications for policy formation, programs and service delivery requirements.

1.4 Data and terminology

The term Culturally and Linguistically Diverse (CaLD) was introduced in 1996 to replace ‘non-English speaking background’ (NESB) and was intended to be a broader, more flexible and inclusive term. It is generally applied to groups and individuals who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo Saxon or Anglo Celtic.

For the purposes of data collection, the Australian Bureau of Statistics (ABS) *Standards for Statistics on Cultural and Language Diversity* apply. These are national standards for measuring diversity and include a core and standard set of cultural and language indicators. The indicator for CaLD background used in this report is born in a non-main English speaking (NMES) country.

Indigenous Australians are not included in CaLD groups due to overarching differences in their needs and experiences as Australia’s First People and are given the separate term ‘Aboriginal and Torres Strait Islander (ATSI)’ for use in the policy context. The *Aged Care Act 1997* refers to people from CaLD backgrounds as a *Special Needs*⁸ group and approved providers of aged care are expected to have the appropriate resources to provide care to all Australians of diverse needs and life experiences.



In the absence of any universally agreed definition, the report utilises terms such as ‘older people’ or ‘older Australian/s or Western Australian/s’ or ‘ageing population’ for people aged 55 years and over. These terms are consistent with international and national usage.⁹

The report is mainly based on Population and Housing Census data published by the Australian Bureau of Statistics (ABS) to highlight important demographic and cultural diversity trends of older people, and identify major issues related to their overall wellbeing, particularly for people from CaLD backgrounds in WA over the decade between 2006 and 2016, together with recent qualitative research data. As indicated earlier, it also provides statistics for Australia-born and MESC age cohorts for comparison wherever possible. The term ‘category’ is used in the tables to indicate people from CaLD and MES backgrounds and those born in Australia. Acronyms are used throughout this report. A terminology table of acronyms is included in the Appendix Table 13.

2. Cycle of vulnerability

There are a range of factors identified in this report through examination of the ABS data and also a qualitative analysis of the results of the Multicultural Café consultations that highlight the less than optimum social services uptake and economic outcomes for WA CaLD older people. These outcomes project a picture of a distinct cycle of vulnerability. These factors are identified in Diagram 1 and include considerations such as:

- a rapid rate of growth of the older age groups
- low English language proficiency
- limited education
- a lower than average employment rate
- a decline in personal income levels
- a need for assistance with core activities.

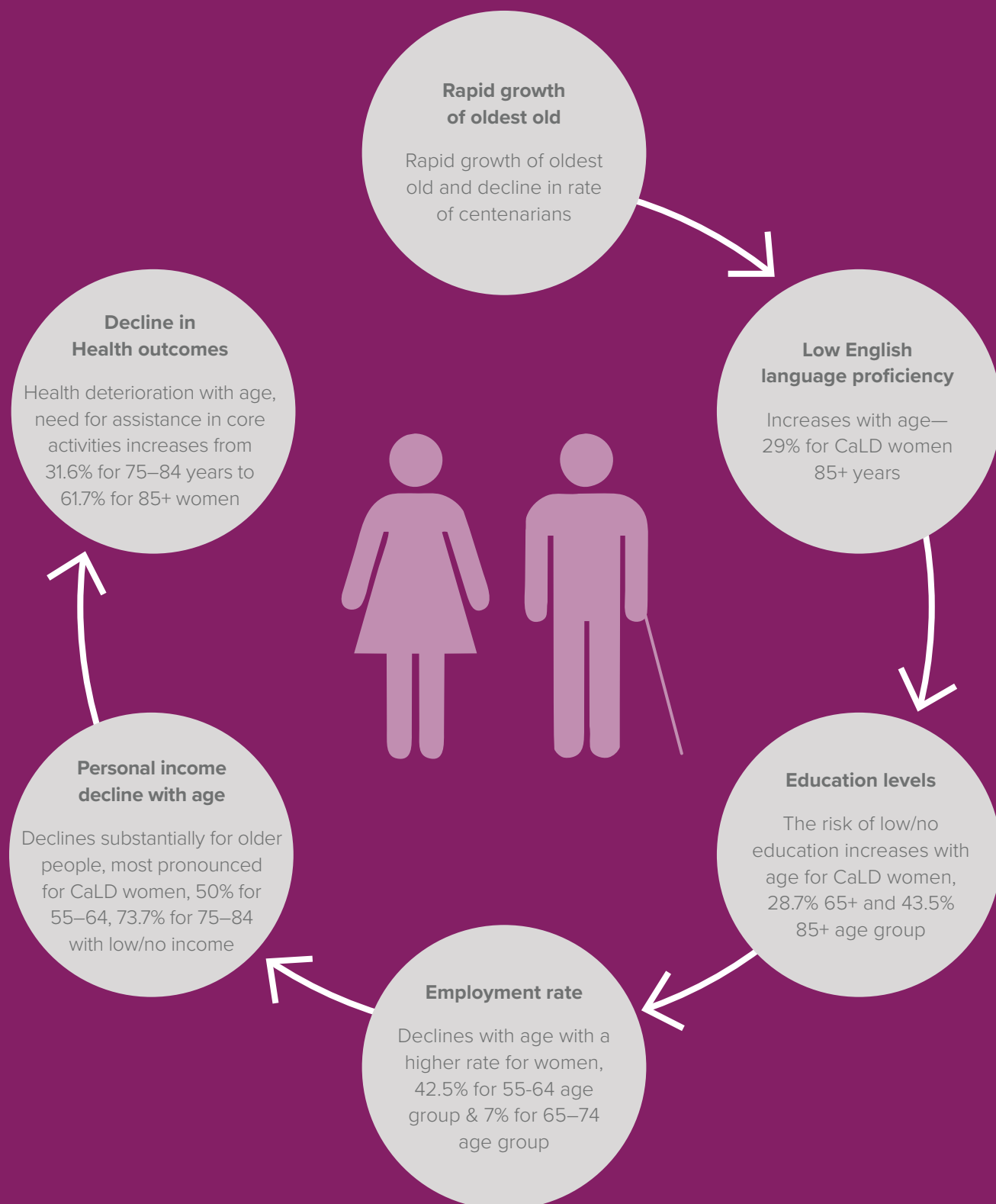
Along with the data that identifies lower levels of education and income for older people from CaLD backgrounds, consultations with this cohort and specialist CaLD aged care service providers have provided an insight into areas of difficulty in achieving equity of access and outcomes status compared with Australia-born and MESC peer groups. The following areas were identified as areas of difficulty for older CaLD people:¹⁰

- getting accurate, up-to-date, quick and easy information
- accessing and navigating the *My Aged Care* website and other online information due to limited items of information translated in language, lack of technical skills, digital literacy, limited literacy and language proficiency, and poor connectivity in regional areas
- choosing service providers in the absence of information about their administrative costs on the My Aged Care website¹¹
- high costs of residential care
- longer waiting time for ACAT assessments
- challenges of receiving aged care as highlighted by the [Royal Commission into Aged Care Quality and Safety](#).

The data indicates that the 85+ years cohort, particularly women, experience difficulty in accessing appropriate information and aged care services and supports due mostly to lower levels of education and English language proficiency. These vulnerabilities increase with age and are more pronounced for older women from CaLD backgrounds. Along with a significant spike in the mortality rate of centenarians after 2011 (Table 2), detailed examination of the reasons for the cycle of vulnerability are outside the scope of this report.

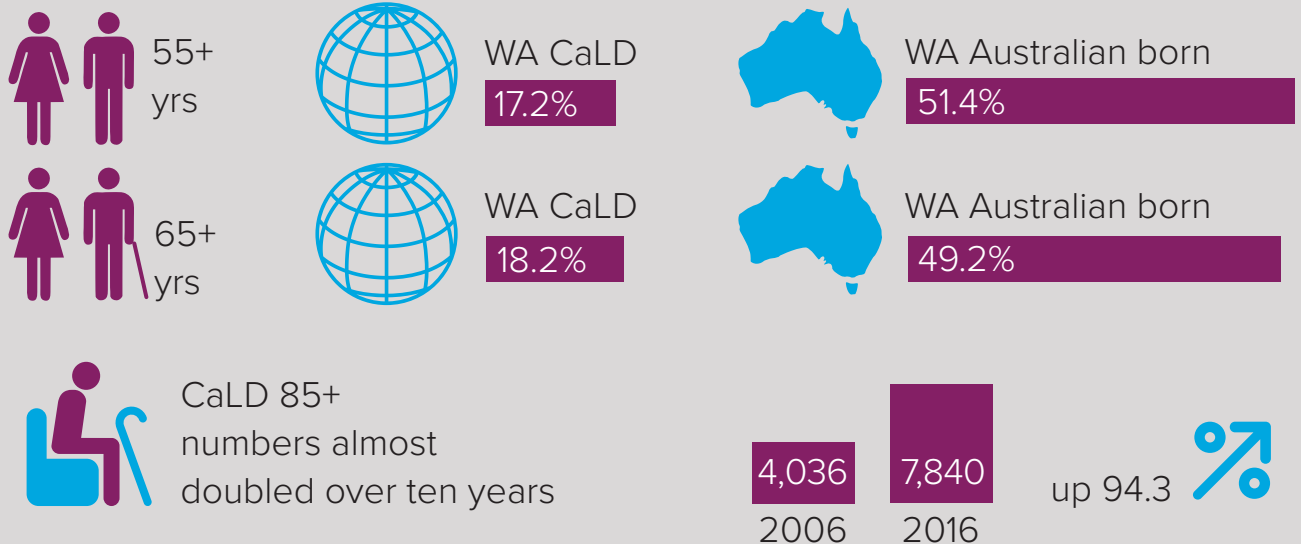


Diagram 1: Cycle of vulnerability—CaLD seniors



3. At a glance—Diversity of WA CaLD older people

Age



Overseas born centenarians



Gender ratio

CaLD 85+ women

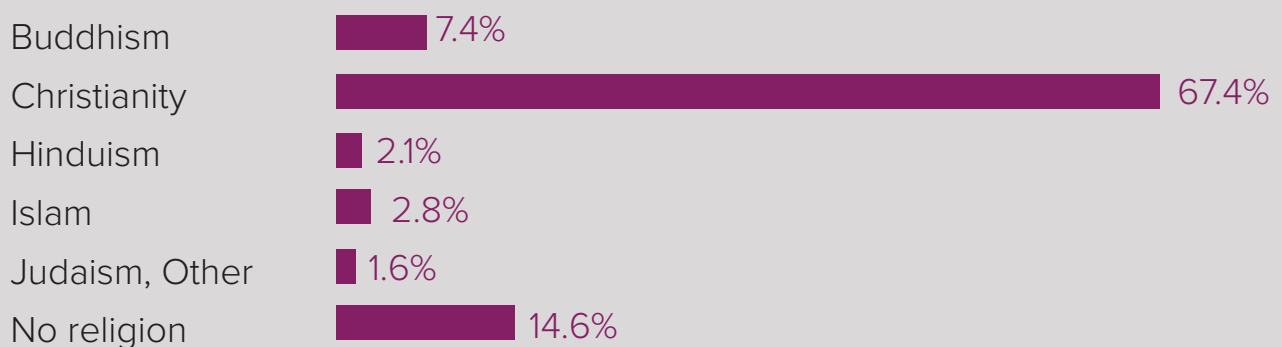


Birthplace

Italy remains as the largest CaLD birthplace
however numbers are diminishing



Religious composition OF 55+ CaLD



Language



Those who spoke a European language only declined



Increase in Asian languages spoken

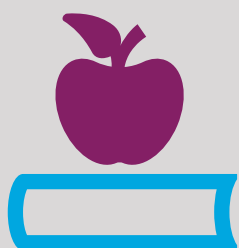


English language proficiency

low English language proficiency OF
55+ CaLD



Education levels



low/no education women aged 85+ (2016)

WA CaLD

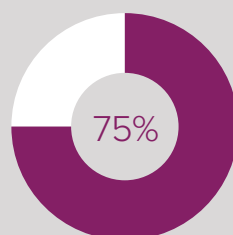


WA Australian born

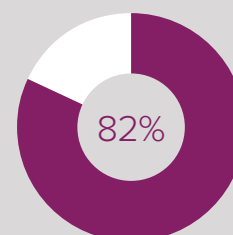


Internet access

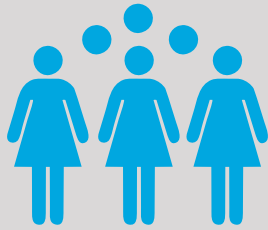
aged 55+
(2016)



WA
CaLD

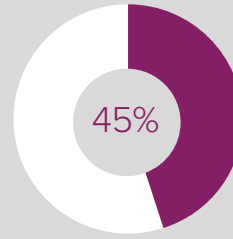


WA
Australian born

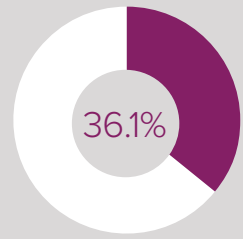


Labour force

Women aged
55-64 years
Not in the
Labour force



WA
CaLD

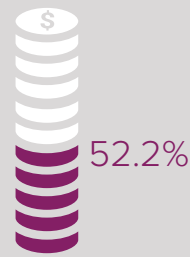


WA Australian
born



Weekly personal income

CaLD women
aged 55+ with
low/no income



WA
CaLD



WA Australian born



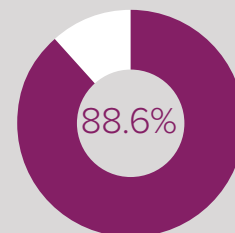
Qualifications

WA CaLD 55+ with
tertiary qualification



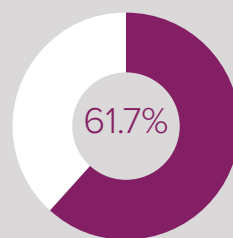
CaLD seniors top LGAs

55+ living in
metro areas

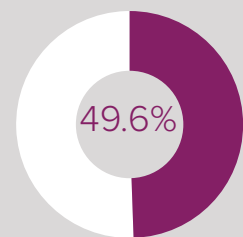


Need for assistance with core activities

85+ women



WA
CaLD



WA Australian
born

4. Demographic diversity of older Western Australians

4.1 Age diversity and demographic trends 2006–2016

Snapshot 2006–2016

- People aged 55+ comprised 17.2% of the CaLD population, 51.4% of the Australia-born and 22.5% of those born in MESC.
- People from CaLD backgrounds aged 55–64 declined 4% from 46.3% in 2011 to 41.7% in 2016.
- Across Australia: the number of people from CaLD backgrounds aged 85+ increased by **8.3%** annually, compared with those born in Australia (3.4%) and MESC (2.8%).
- The number of overseas-born centenarians declined from 111 in 2011 to 53 in 2016.

The 2016 Census data revealed that for the 55–64 age bracket the number of people from CaLD backgrounds declined, while growth rates for the 85+ age range almost doubled. Western Australians aged **65 years and over** from CaLD backgrounds made up almost **one-fifth** (18.2%) of the State's total population of the same age. Some important statistics for the 65+ age group reflecting growth rates between 2011 and 2016 are:

- **CaLD** increase at a higher rate, 25.9% (from 50,179 to 63,154) at 4.7% annually
- **MESC** increase of 20.9% at 3.8% annually
- **Australia-born** increase of 22.4% at 4.1% annually.

Table 1: Composition of people by age group and category in WA and Australia, and growth rates 2006–2016

Area	Australia-born			CaLD			MESC		
WA Age group	2016 (#)	% of WA age cohort	Growth rate/yr 2006–2016	2016 (#)	% of WA age cohort	Growth rate/yr 2006–2016	2016 (#)	% of WA age cohort	Growth rate/yr 2006–2016
55+ yrs	322,926	51.4	3.6	108,335	17.2	3.2	141,177	22.5	3.0
65+ yrs	170,305	49.2	3.7	63,154	18.2	4.0	79,579	22.9	4.0
85+ yrs	20,604	48.5	3.9	7840	18.5	6.9	8165	18.5	2.9
100+ yrs	100	48.1	-5.0	19	9.1	-5.4	50	24.0	-3.0
Australia Age group	Number	% of age cohort	Growth rate/yr 2006–2016	Number	% of age cohort	Growth rate/yr 2006–2016	Number	% of age cohort	Growth rate/yr 2006–2016
55+ yrs	3,813,304	59.3	2.8	1,267,615	19.7	3.2	797,167	12.4	2.4
65+ yrs	2,109,169	57.4	3.6	749,755	20.4	4.0	476,611	13.0	3.7
85+ yrs	281,200	57.8	3.4	93,848	19.3	8.3	52,885	10.9	2.8
100+ yrs	2102	58.9	0.8	521	14.6	2.8	417	11.7	-0.3

4.2 Centenarian data

Of particular interest is the decline in the number of centenarians among people who were born overseas, which fell from 111 in 2011 to just 53, five years later (Table 2). The average annual rate of decline was:

- the highest for CaLD men and women between 2011 and 2016 (–25% and –15%, respectively)
- for MESC (–12.9% and –7.5%, respectively)
- for the Australia-born (–13.4% and –5.3%, respectively).

Birthplace data reveals that in 2006, centenarians in WA were from 12 birthplaces of which seven were CaLD or NMESC and five were MESC including Australia. The number of birthplaces for CaLD centenarians did not change in 2011. However, except for Italy, birthplaces were different in 2006 (Table 2). In contrast, the composition of MESC countries remained almost the same, although New Zealand dropped off the list in 2011. In 2016, the number of birthplaces fell to five and there were only two NMES countries—Vietnam and China, very different from the previous censuses. Similarly, while England and South Africa remained, other European MESC countries such as Ireland and Scotland dropped off, while New Zealand reappeared.

Table 2: Centenarian numbers 2006–2016 (overseas born)

Birthplace	2006	2011	2016
England	50	56	39
Italy	8	10	
Scotland	6	11	
Indonesia	5		
New Zealand	4		3
Ireland	4	5	
Germany	3		
Croatia	3		
Greece	3	7	
Vietnam	3		4
China (excludes SARs and Taiwan Province)	3		3
South Africa	3	3	4
Poland		5	
Netherlands		4	
India		4	
Austria		3	
Burma		3	
Total	95	111	53

In sharp contrast to WA, the national trend shows that overall, there is a steady increase in the number of CaLD centenarians since 2006, although the annual growth rate was higher between 2006 and 2011 (3.3%), compared with 2011 and 2016 (2.3%). The numbers of MESC-born centenarians declined (–1.6%) during 2011–2016, and increased for the Australia-born (1.7%). This declining trend in the number of Western Australian centenarians, particularly those from CaLD backgrounds, suggests the need for further research to investigate the issue.

However, there are notable gender-based variations observed for all groups of Western Australian and Australian centenarians, with women outnumbering men across all age groups of older people. The gender differential becomes more acute with an increase in age due to the higher longevity of women compared with men, which is almost a universal trend.

4.3 Gender ratio

Since 2006, the gender ratios for people aged 65 years and over from CaLD backgrounds have remained steady, compared to WA's respective age cohort. For those aged 55 years and over, there is a downward trend meaning more females were added in this age group in 2016, while it is reversed for people aged 85 years and over. The trend is also similar for the MESC-born cohort. However, gender ratios demonstrate an upward trend for all age groups, indicating more males were added over time.

Table 3: Distribution of males and females by age group, gender and category in WA since 2006

WA	2006			2011			2016		
Australia-born	Male	Female	Total	Male	Female	Total	Male	Female	Total
55–64 yrs	54,377	55,289	109,666	68,352	70,240	138,592	75,337	77,299	152,636
65–74 yrs	29,821	33,171	62,992	37,346	40,149	77,495	48,750	51,405	100,155
75–84 yrs	17,298	23,536	40,834	19,274	25,370	44,644	21,986	27,560	49,546
85+ yrs	4,233	9,810	14,043	5,584	11,344	16,928	7,322	13,282	20,604
CaLD									
55–64 yrs	18,622	17,806	36,428	20,748	22,537	43,285	20,385	24,794	45,179
65–74 yrs	11,742	11,124	22,866	13,869	13,035	26,904	17,778	18,074	35,852
75–84 yrs	7,061	8,479	15,540	7,950	8,909	16,859	9,380	10,082	19,462
85+ yrs	1,482	2,554	4,036	2,381	4,035	6,416	3,096	4,744	7,840
MESC									
55–64 yrs	26,646	24,394	51,040	29,495	27,473	56,968	31,309	30,289	61,598
65–74 yrs	15,418	15,279	30,697	19,880	19,038	38,918	23,958	23,045	47,003
75–84 yrs	7,893	8,721	16,614	9,384	10,264	19,648	11,687	12,724	24,411
85+ yrs	2,033	4,106	6,139	2,719	4,546	7,265	3,341	4,824	8,165
All older people									
55–64 yrs	108,429	104,881	213,310	127,317	127,105	254,422	138,950	143,087	282,037
65–74 yrs	62,268	64,670	126,938	75,832	76,706	152,538	98,755	100,907	199,662
75–84 yrs	35,924	45,209	81,133	39,707	48,410	88,117	47,859	56,238	104,097
85+ yrs	8,828	18,652	27,480	11,922	22,296	34,218	15,849	26,580	42,429

* Gender data is collected in a binary form which does not capture people who identify as 'other'. Please refer to the [LGBTI action plan](#) of the Diversity Framework for actions to support data capture that is inclusive of all older Australians.

4.4 Birthplace

Given the diverse backgrounds of CaLD older people, it is not surprising that the analysis of birthplace data shows variations by age group, gender, ranking of birthplaces, and year (both census period and year of arrival). This diversity is to be understood in the context of the global demand and supply of labour force, changes in Australian immigration policies over time, and population dynamics within the birthplace group itself. For example, with the exception of Australia and England, the ranking of all other birthplaces changed by age group. Italy ranked third among all birthplaces in 2006 and 2011 for all older people in WA, irrespective of age. However, in 2016, Italy was replaced by New Zealand, for people aged 55 years or over, although it retained its ranking for those aged 65 and 85 years and over (Table 4). A similar trend can be observed for Scotland and the Netherlands-born age cohorts.

Conversely, ranking of Germany-born people has declined for all age groups over time although their proportion increased for older groups (65+ and 85+ years). The number of Poland-born people aged 65 and 85 and over also declined, while for those aged 55 years and over, it no longer remained among the top 15 birthplaces. In contrast, the number of Asian birthplaces and their rankings are increasing. Asian birthplaces such as India and Malaysia ranked among the top 10 for those aged 55 and 65 years and over since 2006. The ranking of birthplaces such as Singapore and Burma have also increased since 2006.

It should be noted that Asian birthplaces (seven) outnumbered European birthplaces for those aged 55 years and over, showing greater and rapid increases in cultural diversity, compared with their Western Australian counterparts. European birthplaces for 65+ and 85+ categories still dominate birthplace data.

Ranking of birthplace has also changed for all older group categories over time, although there has not been much change in the configuration of either European or Asian birthplaces. For the 55 years and over group, however, with the addition of new birthplaces, both configuration and ranking of birthplaces has changed (Table 4). Arguably, changing birthplaces of older people can be related to the ranking of the top 10 NMES countries in WA, and also to population dynamics reflected in the age composition of the birthplace groups as well as the proportion of older people in the total population.

Table 4: Top birthplaces of Western Australians by age group and between 2006 and 2016 (percentage)

55+ years				65+ years				85+ years			
CoB	2016 %	CoB	2006 %	CoB	2016 %	CoB	2006 %	CoB	2016 %	CoB	2006 %
Australia	51.4	Australia	50.7	Australia	49.2	Australia	52.3	Australia	48.5	Australia	51.1
England	14.1	England	16.2	England	15.7	England	17.2	England	14.2	England	16.9
New Zealand	3.0	Italy	3.7	Italy	3.5	Italy	4.8	Italy	5.1	Italy	3.7
Italy	2.3	Scotland	2.3	Scotland	2.1	Scotland	2.5	Scotland	1.7	Scotland	2.4
Scotland	1.9	New Zealand	1.8	New Zealand	1.9	Netherlands	1.6	Netherlands	1.6	Netherlands	1.5
India	1.4	Netherlands	1.5	India	1.5	India	1.5	India	1.5	India	1.3
Malaysia	1.4	India	1.4	Netherlands	1.5	New Zealand	1.1	Germany	1.1	Poland	1.0
South Africa	1.3	Germany	1.2	Malaysia	1.3	Germany	1.0	Poland	0.9	Ireland	0.8
Netherlands	1.0	Malaysia	1.0	Germany	1.3	Malaysia	0.8	New Zealand	0.7	New Zealand	0.6
Germany	0.9	South Africa	0.8	South Africa	1.0	Poland	0.8	South Africa	0.7	Germany	0.6
Singapore	0.7	Ireland	0.8	Ireland	0.8	Ireland	0.8	Ireland	0.7	Burma	0.6
Ireland	0.7	Croatia	0.6	Croatia	0.6	Croatia	0.7	Malaysia	0.6	China	0.5
Vietnam	0.6	Poland	0.6	Singapore	0.6	South Africa	0.7	Greece	0.6	Croatia	0.5
China	0.6	Singapore	0.5	Burma	0.5	Greece	0.6	Burma	0.6	South Africa	0.5
Burma	0.5	Wales	0.5	Wales	0.5	Burma	0.6	Croatia	0.6	Wales	0.4
Philippines	0.5	Burma	0.5	Poland	0.5	Wales	0.5	China	0.5	Greece	0.4

In 2016, with the exception of the Netherlands and Burma, all the top 15 birthplaces of people aged 55 years and over were also the top 15 birthplace groups in WA for all migrants, irrespective of age. However, the proportion of older people in the total population by the respective birthplaces varies greatly. Traditional European source countries such as Italy (76%), the Netherlands (71%) and Germany (52%), have much larger proportions of people aged 55 years and over, compared with other birthplaces, particularly those from the Asian region. However, compared with 2011, their proportions declined in relation to older groups (65+ and 85+ years), while there was a decline in the total population from these countries in 2016. Accordingly, with the exception of Italy, none of these birthplaces remained among the top 15 for all migrants from NMES. For England (45.5%) and Scotland (46.7%), the long history of high migration rates relative to other source countries has contributed to the larger proportion of older people (compared to other age groups).

Among the Asian birthplaces, Burma had the largest proportion of older people, followed by Malaysia and India, while the Philippines had the lowest, which can be explained by visa stream numbers, migration trends and population size. Visa stream and changes to immigration policy had a significant impact on age profiles due to the strict monitoring of ages of skilled migrants. A large group of migrants from Burma arrived in WA under humanitarian (72%) and family visas (15.2%), unlike those from India and the Philippines, who arrived predominantly through the Skilled Migration program (76.6% and 72.8%, respectively) between 1 January 2012 and 31 December 2017.

The large numbers of older people among the overseas-born today is a result of the dominance of family reunion migration, which was the main migration stream until 1999. Family reunion migration, particularly in the postwar period, facilitated the arrival of family members of all ages. In 2000, for the first time in Australia's migration history, skilled migration overtook family reunion as the major entry stream. Under the current system, it is very difficult and expensive for older people to gain entry to Australia.

As indicated below, Italy is the top-ranking birthplace across the 10-year analysis for all age groups in WA. India has increased its ranking in 2016, while the Malaysian 55+ age group ranking in 2016 illustrates the rise of the Asian population groups.

Table 5: Top three birthplaces for CaLD*—2006

Age group	Ranking 1	Ranking 2	Ranking 3
55+	Italy 3.7%	Netherlands 1.5%	India 1.4%
65+	Italy 4.8%	Netherlands 1.6%	India 1.5%
85+	Italy 3.7%	Netherlands 1.5%	India 1.3%

*percentage of total WA population

Table 6: Top three birthplaces for CaLD*—2016

Age group	Ranking 1	Ranking 2	Ranking 3
55+	Italy 2.3%	India 1.4%	Malaysia 1.4%
65+	Italy 3.5%	India 1.5%	Netherlands 1.5%
85+	Italy 5.1%	Netherlands 1.6%	India 1.5%

An analysis of ancestry trends is provided in the Appendix.



4.5 Language

The analysis of language data highlights the increased linguistic diversity of older people in WA which is consistent with birthplace data. Accordingly, with an increase in age, the number and proportion of people who speak English-only at home declines, while those speaking languages other than English (LOTE) at home increases.

Between 2006 and 2016, the percentage of people from CaLD backgrounds who spoke only English at home increased for the 65 and 85 and over groups.

Table 7: Percentage of people from CaLD backgrounds who spoke only English and LOTE at home

Age group	2006		2016	
	Only English	LOTE	Only English	LOTE
55+	38.4	60.5%	37.3	61.7%
65+	33.6	65.1%	38.5	60.3%
85+	29.5	67.8%	31.2	65.8%

Over time, the percentage of people who spoke a European language at home declined, from 40% in 2006 to 35% in 2011 and 28.7% in 2016, while those speaking Asian languages increased from 11.6% in 2006 to 15% in 2011 and 19% in 2016. The data indicates that European languages are still dominant for all age groups, consistent with birthplace data. Although the main languages spoken have not changed significantly between 2006 and 2016, there have been changes in the number and proportion of speakers of these languages.

For people from CaLD backgrounds, the trend for 65 and over years is similar. With half of the age group speaking European languages at home in 2006, this was the largest language group, while one-third spoke English only and less than one-tenth spoke Asian languages at home (Table 8). In 2016, the percentage of European language speakers reduced to 35.5%, while the percentage of those speaking Asian languages almost doubled from 7.8 to 14.3%.

In 2016, the number of Asian languages spoken for the CaLD 55 and over age group remained at seven. For the 65 and over age group the numbers increased from four to seven with the addition of Min Nan, Indonesian and Malay. However, despite experiencing a decline over time, those who reported speaking European languages were still the largest group, while the speakers of Asian languages were the smallest. Italian, Dutch, German and Polish were the top four most-common languages after English, while Cantonese ranked sixth.

With the increase in age, the number and proportion of English-only speakers decline, while those speaking languages other than English (LOTE) increase. For example, almost 80% of 55 and 65 and over age groups spoke English-only at home in 2016, which has not changed significantly since 2006. However, the percentage of English-only speakers is not only lower for those aged 85 years and over (72.8%), compared with the other two age groups, but also declined over time (from 76% and 78%, respectively, in 2011 and 2006). This clearly indicates that the proportion of older people in CaLD communities is increasing rapidly, particularly in the case of post-World War II migrants, which is consistent with birthplace trends.

There are important variations by age group and in the ranking of the top 20 languages spoken at home by older people from CaLD backgrounds over time. For example, 37.3% of people 55 years and over reported speaking English-only at home in 2016, followed by 28.7% and 19% of those speaking European and Asian languages, respectively (Table 8).

Unlike their Western Australian counterparts, the percentage of English-only speakers increased over time for those from CaLD backgrounds, irrespective of age groups, and were almost the same for both the 55 and 65 years and over (38.5%) age groups, although smaller for 85+ years (31.2%). This is not surprising given that language speakers are represented across several birthplaces. Clearly, ranking of the languages spoken at home is changing over time although the composition of top languages spoken at home has not changed much. For example, Vietnamese became the fifth most-commonly spoken language replacing German and Dutch, while Tagalog superseded Indonesian and emerged as the 19th most-commonly spoken language for those aged 55 years and over in 2016. It should be noted that the top 20 languages are spoken at home by between 85% and 90% of older people from CaLD backgrounds.

Proportions of European language speakers are larger than those who speak Asian languages, but declining over time while the latter are increasing steadily.

Table 8: People from CaLD backgrounds by age group and languages spoken at home 2006 and 2016 (percentage)

CaLD 55+ years				CaLD 65+ years				CaLD 85+ years			
Language	2016 %	Language	2006 %	Language	2016 %	Language	2006 %	Language	2016 %	Language	2006 %
English	37.3	English	38.4	English	38.5	English	33.6	English	31.2	English	29.5
Italian	10.9	Italian	13.2	Italian	15.9	Italian	16.0	Italian	25.5	Italian	12.2
Mandarin	5.0	Cantonese	3.0	Cantonese	4.3	Dutch	3.0	Dutch	5.3	Dutch	3.7
Cantonese	4.9	Dutch	2.6	Mandarin	3.4	German	2.6	German	4.0	Polish	2.7
Vietnamese	3.1	German	2.4	German	2.9	Cantonese	2.2	Polish	3.5	German	1.9
German	2.5	Croatian	2.1	Dutch	2.8	Croatian	2.2	Cantonese	3.2	Croatian	1.7
Polish	2.3	Polish	2.0	Croatian	2.7	Polish	2.0	Greek	2.8	Cantonese	1.6
Croatian	2.2	Greek	1.5	Polish	2.1	Greek	1.8	Croatian	2.6	Greek	1.3
Dutch	2.0	Mandarin	1.5	Vietnamese	2.0	Macedonian	1.4	Vietnamese	1.5	French	0.8
Spanish	1.7	Macedonian	1.4	Greek	1.9	Vietnamese	1.0	Macedonian	1.5	Vietnamese	0.8
Macedonian	1.7	Vietnamese	1.2	Macedonian	1.8	French	1.0	French	1.5	Ukrainian	0.6
French	1.5	French	1.1	Spanish	1.5	Mandarin	0.9	Mandarin	1.2	Burmese	0.5
Burmese	1.4	Spanish	1.0	French	1.5	Portuguese	0.8	Burmese	1.0	Macedonian	0.5
Greek	1.4	Portuguese	0.9	Portuguese	1.3	Spanish	0.7	Portuguese	0.9	Serbo-Croatian	0.4
Portuguese	1.3	Burmese	0.9	Burmese	1.3	Burmese	0.7	Spanish	0.9	Hungarian	0.4
Arabic	1.3	Serbian	0.7	Min Nan	1.1	Serbian	0.6	Min Nan	0.8	Spanish	0.4
Serbian	1.2	Arabic	0.6	Serbian	1.0	Arabic	0.4	Serbian	0.8	Mandarin	0.4
Min Nan	1.1	Hokkien	0.5	Arabic	0.9	Serbo-Croatian	0.4	Ukrainian	0.7	Russian	0.3
Tagalog	1.1	Indonesian	0.4	Indonesian	0.7	Hungarian	0.4	Persian	0.5	Serbian	0.3
Indonesian	1.0	Malay	0.4	Malay	0.6	Ukrainian	0.4	Arabic	0.4	Latvian	0.3

4.6 Religious affiliation

In 2016, two-thirds (65%) of Western Australians aged 55+ identified with Christianity and one-fifth did not identify with any religion. Smaller proportions identified with non-Christian religions such as Buddhism (1.7%), Hinduism (0.4%), Islam (0.6%) and Judaism (0.3%).

More women reported affiliation with Christianity than men (68.6% and 61.1%, respectively), while more men identified with secular and other spiritual beliefs than women (24.7% and 17.2%, respectively) (Table 9). There is no notable gender-based difference for other religions. The data indicates an increased rate of affiliation with Christianity as individuals age: 70% of people aged 85+ were affiliated with Christianity compared with 65% of those aged 55+.

Between 2006 and 2016, the proportions of older people affiliated with Christianity declined, while those identified with secular beliefs or no religion increased (10% annually) for those aged 55+ and 11% for those aged 85+. The number and proportion of people affiliated with non-Christian religions increased, particularly Hinduism (Figure 1) where the rate of growth has been 11.7% for those aged 55+ and 17.8% for those aged 85+. Affiliation with Islam and Buddhism also increased, particularly for the 55+ age group (an annual growth rate of 7.4% for Islam and 7% for Buddhism) (Table 9).

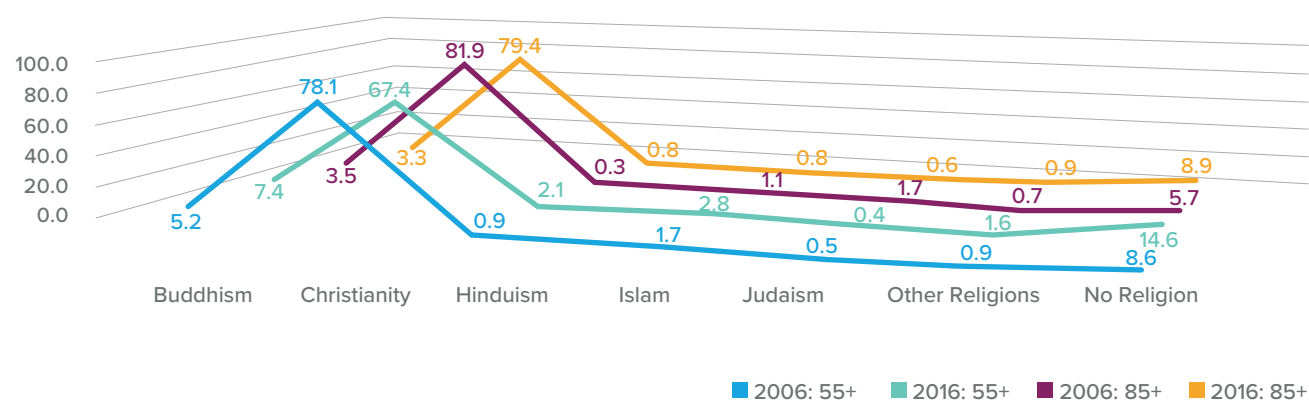
There is increasing religious diversity among the older CaLD cohort. Diversity of religion needs to be considered in terms of the provision of culturally inclusive and respectful aged care services



Table 9: Religious affiliation (percentage) of Western Australians by age group and gender since 2006

Religious affiliation	55+ yrs		85+ yrs		2006–2016 (55+ yrs)	
2016	Male	Female	Male	Female	% change	Rate/yr
Buddhism	1.6	1.9	0.8	0.6	100.2	7.0
Christianity	61.1	68.6	67.8	71.6	22.0	2.0
Hinduism	0.4	0.4	0.2	0.1	203.0	11.7
Islam	0.7	0.6	0.2	0.1	105.2	7.4
Judaism	0.3	0.3	0.5	0.5	26.4	2.4
Other religions	0.5	0.6	0.3	0.3	83.2	6.2
No religion	24.5	17.2	15.4	9.9	152.2	9.7
Inadequately described	0.2	0.1	0.2	0.1	0.9	0.1
Not stated	14.6	16.7	14.2	13.7	33.0	2.9
Total	100	100	100	100	40.0	3.4
2006	Male	Female	Male	Female	(85+ yrs)	
Buddhism	1.2	1.2	0.6	0.6	74.1	5.7
Christianity	71.1	77.8	74.2	79.3	39.6	3.4
Hinduism	0.2	0.2	0.1	0.0	416.7	17.8
Islam	0.5	0.3	0.4	0.1	16.4	1.5
Judaism	0.4	0.4	0.8	0.5	27.6	2.5
Other religions	0.4	0.4	0.3	0.2	66.7	5.2
No religion	14.1	9.1	9.2	5.4	179.4	10.8
Supplementary codes	0.3	0.2	0.2	0.1	54.8	4.4
Not stated	11.8	10.3	14.2	13.7	77.5	5.9
Total	100	100	100	100	54.4	4.4

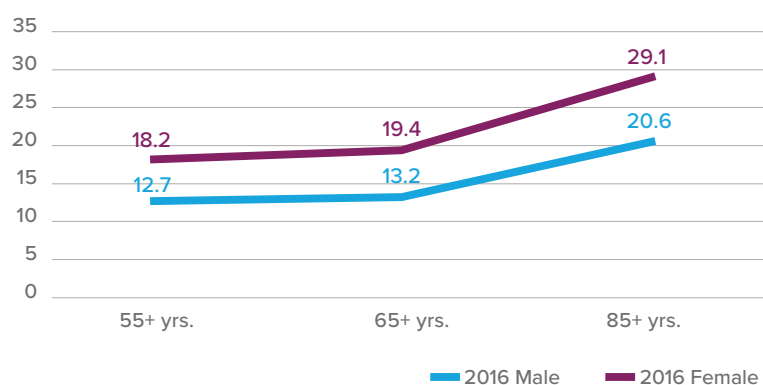
Figure 1: Religious affiliation 2006-2016, 55+ and 85+ age category (per cent)



4.7 English language proficiency

In 2016, data for all Australia indicated that 46% of people aged 55 years and over from CaLD backgrounds spoke English very well or well, and 15.6% had low proficiency in English, meaning either they did not speak English well or at all. For WA older people from CaLD backgrounds in 2016, the data indicates that 10.4% spoke English very well or well, and 3% did not speak English well or not at all. A significant trend is that the proportion of people with low English proficiency increases with age, particularly for women from CaLD backgrounds. For example, the proportions of men with low proficiency increased from 12.7% for those over 55, to 20.5% for the over 85 age group. The corresponding figures for women were 18.2% and 29.1%, respectively. Gender differential in the level of English proficiency did not change much over time, except that the proportions were larger for both men (27.1%) and women (35.6%) aged 85 years and over in 2006.

Figure 2: Levels of low English proficiency for people from CaLD backgrounds by age group and gender (percentage), 2016



Low English language proficiency increases with age and is more prevalent among older women from CaLD backgrounds



Table 10: LOTE speakers aged 55 years and over with low English proficiency by number and percentage, and between 2006 and 2016

LOTE speakers 2016 (#)		LOTE speakers with low proficiency 2006 (#)		LOTE speakers with low proficiency 2016 (#)*		LOTE speakers (55+ yrs.) with low proficiency ** (%)	
Italian	15,872	Italian	4097	Italian	2614	Hazaraghi	93.6
Cantonese	5761	Cantonese	1319	Mandarin	2439	Karen	85.1
Mandarin	5713	Vietnamese	1000	Vietnamese	2155	Khmer	66.9
Vietnamese	3482	Mandarin	686	Cantonese	1917	Vietnamese	61.9
German	3144	Croatian	605	Croatian	545	Dari	58.2
Croatian	2930	Macedonian	548	Macedonian	532	Korean	51.7
Polish	2839	Polish	522	Serbian	490	Bosnian	44.6
Dutch	2592	Portuguese	478	Portuguese	430	Mandarin	42.7
Greek	2232	Greek	464	Polish	403	Punjabi	40.6
Macedonian	2203	Serbian	380	Spanish	399	Serbian	34.9
French	2085	Spanish	362	Arabic	371	Persian	34.3
Spanish	2006	Malay	220	Greek	339	Cantonese	33.3
Afrikaans	1701	Persian	186	Persian	302	Malayalam	32.6
Burmese	1560	Arabic	174	Punjabi	288	Portuguese	27.8
Portuguese	1546	Japanese	141	Malay	264	Russian	27.1
Arabic	1447	Indonesian	131	Indonesian	260	Gujarati	27.0
Serbian	1403	German	117	Burmese	259	Arabic	25.6
Malay	1356	Serbo-Croatian/ Yugoslavian	107	Min Nan	226	Macedonian	24.1
Indonesian	1337	Hokkien	106	Korean	213	Japanese	24.1
Min Nan	1260	Bosnian	104	Bosnian	193	Romanian	21.0

Note: * Languages are ranked based on the number of low proficiency language speakers

** Languages are ranked based on the percentage of low proficiency language speakers for each language

Based on numbers, the main languages spoken by the 55+ age group with low English proficiency in descending order are Italian (2614), Mandarin (2439), Vietnamese (2155), Cantonese (1917), Croatian (545), Macedonian (532), Serbian (490), Portuguese (430), Polish (403) and Spanish (399).

In contrast, the percentage-based configurations of low-proficiency languages are Hazaraghi (93.6% of 78 speakers), Karen (85.1% of 202 speakers), Khmer (66.9% of 257 speakers), Vietnamese (61.9% of 3482 speakers), Dari (58.2% of 184 speakers), Korean (51.7% of 412 speakers), Bosnian (44.6% of 433 speakers), Punjabi (40.6% of 710 speakers), Serbian (34.5% of 1403 speakers) and Persian (34.3% of 881 speakers).

It is clear that, except for Vietnamese and Serbian, there is no similarity between these two lists of languages derived by the number and percentage of low English proficiency speakers. This highlights the importance of considering both numerical and proportionate statistics when determining language needs, including the need for interpreters and translations.

The data analysis indicates that the CaLD languages spoken with the corresponding lowest English language proficiency in 2006 were German, Japanese and Serbo-Croatian (Yugoslavian—self indicated); and in 2016 Punjabi, Burmese, Min Nan and Korean.

4.8 Education levels

An important indicator of vulnerability is the area of education attainment, which can determine the level of understanding and ability to comprehend or navigate information related to aged care, health and other human services. For this report, the threshold for determining the level of literacy, in addition to no schooling, is completion of Year 8 schooling or below.

The data analysis indicates that in 2016, 21.4% of women from CaLD backgrounds aged 55 years and over had low or no education, compared with 17.3% of men. This compares with 2006 data which indicates that 30.4% of women from CaLD backgrounds aged 55 years and over had low or no education, compared with 25.4% of men.

The trends differ with increased age for those from CaLD backgrounds, but not for other groups of older people (MESC or Australia-born). For example, in 2016, 28.7% of CaLD women aged 65 years and over and 43.5% of CaLD women aged 85 years and over, had low/no education (Figure 3). The corresponding figures for men were 23.6% and 39.7%. These proportions have remained steady over time particularly for the 85+ age group. In 2006, 41.3% and 39.6% of CaLD women and men aged over 85 years had low/no education (Figure 4).

The risk of no/low education increases with age and is higher for CaLD seniors, particularly women

Figure 3: Males and females (aged 65+ and 85+ years) by category with low/no education, 2016 (percentage)

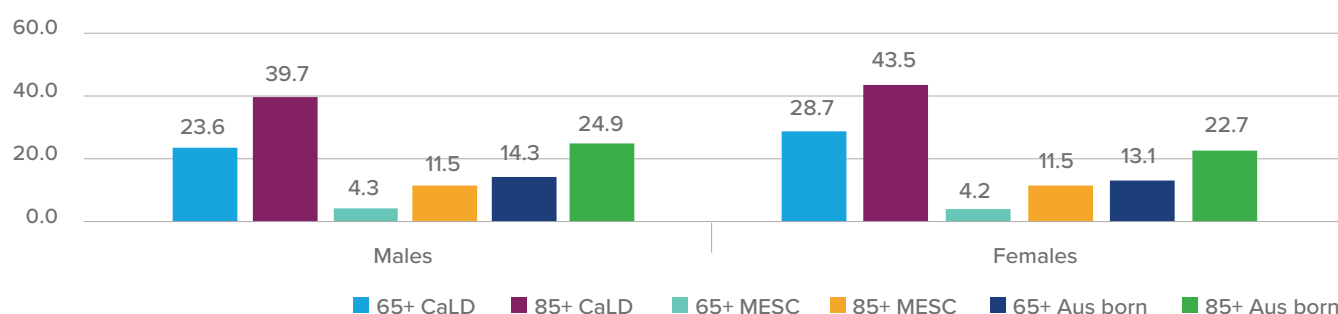
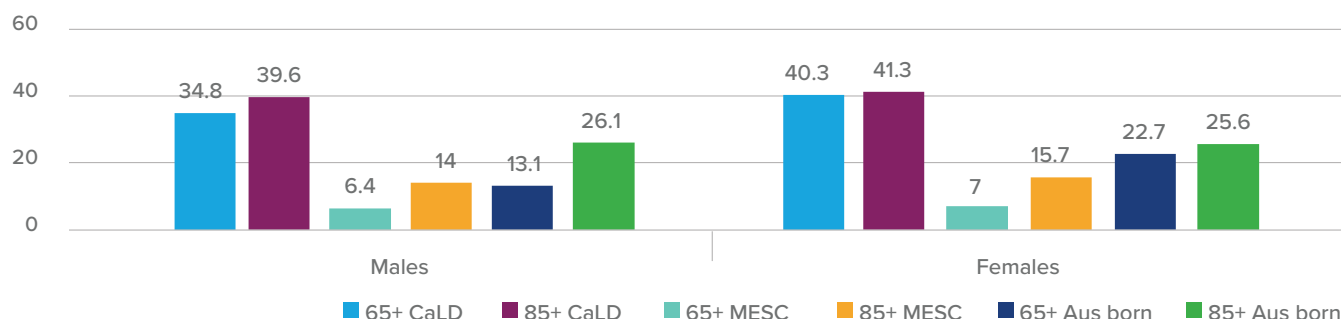


Figure 4: Males and females (aged 65+ and 85+ years) by category with low/no education, 2006 (percentage)

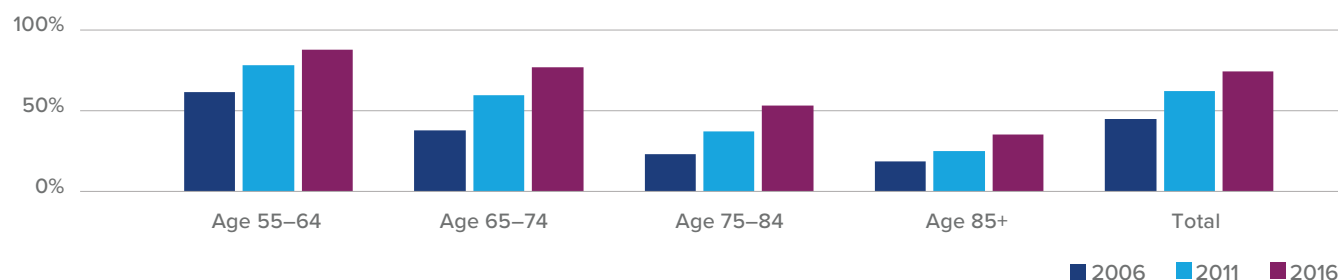


The trends for older people from MESC are contrasting because the proportions with low/no education are smaller and have declined over time, with little gender differential (Figures 3 and 4). Similar trends can be observed for Australia-born older women and men except that the proportion of men with low/no education was slightly higher compared to women.

4.9 Digital literacy

In 2016, the internet access rate (from home) among the entire older Western Australian population was 77%. The rate has significantly increased since 2011 (62%) and 2006 (45%). Overall, three-quarters of older people from CaLD backgrounds aged 55 years and over had internet access from home. This rate is lower than for MES older people (81%) but is similar to that of Australia-born older people (76%).

Figure 5: CaLD Seniors (percentage) accessing the internet from home 2006–2016



However, the internet access rate declines with age. For example, the rate increased to 87% for people aged 55–64 from both CaLD and MES backgrounds, and to 82% for the Australia-born, but reduced dramatically to 36% for people aged 85 and above.

Therefore, even though the ‘first digital divide’ between generations has decreased through better (and cheaper) access to information and communication technology (ICT) infrastructure, such as computers and smartphones, some older people still experience challenges in technology usage due to a lack of necessary skills and resistance towards gaining new technological competences. This evidence of an age-based digital divide is impacting access to many services, particularly given that in Australia the government currently prioritises access to information and services through its online platforms, including that of aged care.

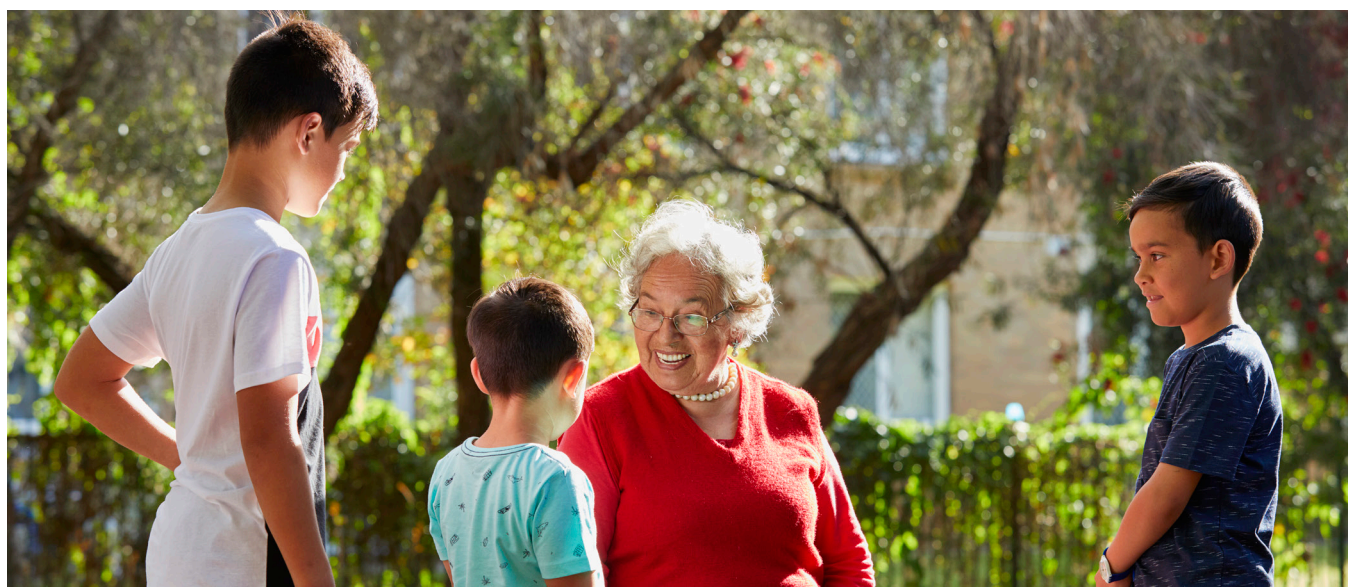
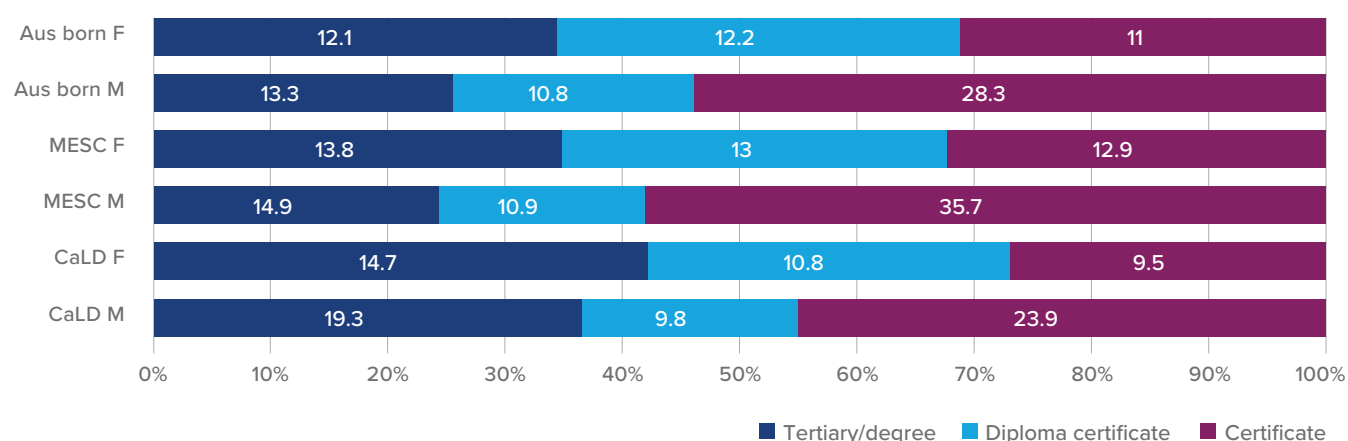
Internet access has increased for CaLD seniors, however, declines with age

4.10 Qualifications of older people from CaLD backgrounds

In 2016, close to one-fifth (16.8%) of people aged 55 years and over from CaLD backgrounds had a university degree and almost a similar proportion had a certificate-level qualification (16.2%), while one-tenth had obtained a diploma including Graduate or Advanced Diploma and Certificate. However, there were more than twice as many men who obtained a certificate-level qualification (23.9%), compared with women (9.5%), showing a clear gender differential. Also, a larger proportion of men had tertiary qualifications (19.3%), compared with women (14.7%). The trends in educational attainment for age cohorts born in MESC or Australia are quite similar (Figure 6). However, compared to 2006, there had been a steady improvement at each level, which is more pronounced for women than men. For example, in 2006 the proportions of CaLD women attaining each of the qualifications were 8.2%, 7.8% and 6%, respectively. The corresponding figures for men were 12.2%, 7.7% and 22.9%, respectively.

CaLD men aged 55+ were more than twice as likely to hold a tertiary qualification than CaLD women

Figure 6: Western Australians aged 55+ years by category, gender and types of non-school qualification, 2016 (percentage)



5. Economic and social policy and program implications for older CaLD Western Australians

5.1 Employment

In 2016, around one-third of people aged 55 years and over from CaLD backgrounds (32.1%) were employed and two-thirds were not represented in the labour force. However, this does not take into account unpaid and informal care contributions. There are clear gender and age-based differences with the rate of employment for men being much larger (37.7%), compared with women (27.2%). An analysis of employment trends for different age groups of older people provides a clearer picture and generates a better understanding of the situation. For example, the majority of people from CaLD backgrounds aged between 55 and 64 years were employed (57.9%) whether part-time or full-time, followed by those not in the labour force (36.1%) and unemployed (5.3%) (Table 11). However, rates of employment and unemployment are lower for women (50.6% and 3.6%, respectively) than men (66.9% and 7.1%, respectively), but the proportion not in the labour force is higher (45% and 25.3%, respectively).

It should also be noted that the number or proportion of women who work as part-time or home-based or casual workers is higher than full-time workers (27.4% and 23.2%, respectively). In contrast, men are predominantly full-time workers (49%). Gender differentials in types of employment as observed in the case of older people from CaLD backgrounds also holds across all categories whether born in Australia or MESC.

The employment rate (both full and part-time) reduces considerably to 21.4% for people aged between 65 and 74 years from CaLD backgrounds—26.9% for men and 15.9% for women, while the number of those not in the labour force peaked at 70.5% for men and 82% for women. However, the rates of employment are higher for both men and women of the other two categories, particularly women. For example, the rates were 74.4% and 64.6%, respectively for MESC-born men and women aged 55–64 years and 43.2% and 33.8%, respectively for 55 years and over, and in 2016. The corresponding figures for the Australia-born age cohort are 70.9% and 60.5%, respectively, and 45.5% and 33.7%, respectively. However, the gap in employment rates between CaLD and other groups narrows with age.

For older groups (aged 65–74 years) from MESC, the rates of employment are quite similar—26.6% for men and 17.3% for women. For Australia-born older men the rate is even lower (19.1%). Since 2006, however, the rates of employment have increased for all categories of older people, irrespective of gender, age group, and whether born in NMESC, MESC or in Australia. For example, the rates were 67% and 42.6%, respectively, for CaLD men and women aged between 55 and 64 years and over, compared with 73% and 51.1%, respectively, for MESC, and 69.2% and 50.8%, respectively, for the Australia-born male and female cohort. However, the rates are consistently lower for CaLD women across all ages compared with other categories. The data indicates that older women from CaLD backgrounds are most at risk at being under-employed or not employed at all and this risk increases with age.

Employment rate declines with age and more rapidly for women. Older women from CaLD backgrounds are most at risk from the declining employment rate

Table 11: Labour force participation status (percentage) for males and females by category and age group since 2006

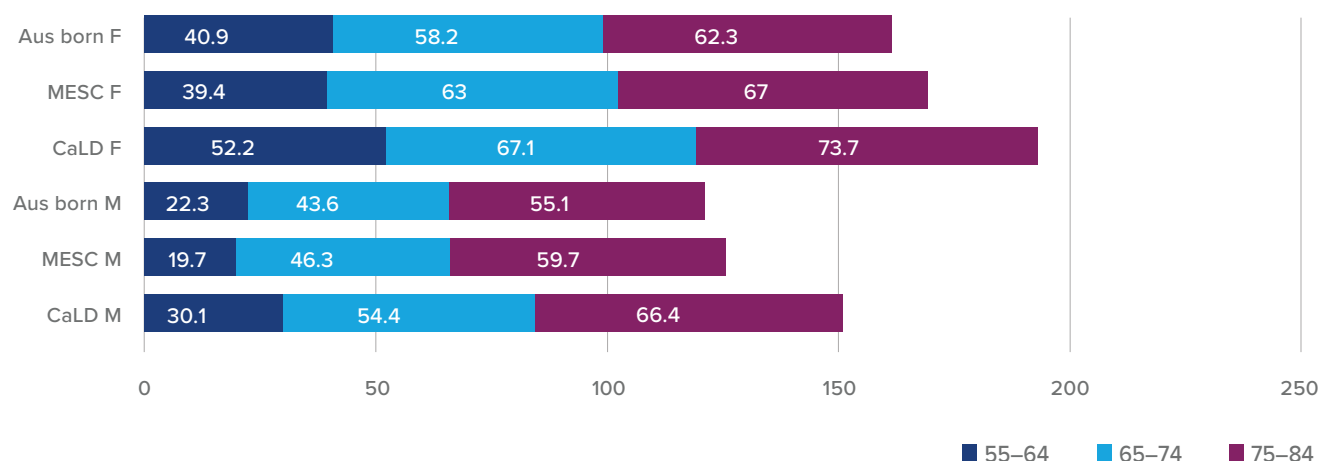
	55–64 years		65–74 years		75–84 years	
CaLD 2016	Male	Female	Male	Female	Male	Female
Employed, full-time	49.0	23.2	13.7	4.5	2.0	0.5
Employed, part-time/other	17.9	27.4	13.3	11.4	4.4	1.7
Unemployed	7.1	3.7	1.4	0.5	0.4	0.1
Not in the labour force	25.3	45.0	70.5	81.9	89.8	94.2
CaLD 2006	Male	Female	Male	Female	Male	Female
Employed, full-time	50.0	19.3	8.9	0.9	1.4	0.3
Employed, part-time/other	17.0	23.3	9.9	5.1	2.6	0.9
Unemployed	2.5	1.3	0.5	0.3	0.1	0.0
Not in the labour force	29.0	54.3	77.6	88.3	89.3	92.4
MESC 2016	Male	Female	Male	Female	Male	Female
Employed, full-time	56.9	29.9	13.1	4.7	1.3	0.5
Employed, part-time/other	17.5	34.7	13.5	12.6	3.8	2.1
Unemployed	6.6	3.6	1.6	0.5	0.2	0.1
Not in the labour force	18.5	31.4	71.0	81.3	91.7	94.0
MESC 2006	Male	Female	Male	Female	Male	Female
Employed, full-time	55.2	22.4	8.9	2.0	1.0	0.3
Employed, part-time/other	17.8	28.7	9.4	5.9	2.3	0.8
Unemployed	2.6	1.5	0.4	0.1	0.1	0.0
Not in the labour force	23.7	46.2	79.3	89.0	91.4	92.0
Australia-born 2016	Male	Female	Male	Female	Male	Female
Employed, full-time	52.7	27.2	4.5	5.3	3.0	0.6
Employed, part-time/other	18.2	33.3	14.5	13.5	6.4	2.8
Unemployed	4.9	2.8	1.1	0.4	0.3	0.0
Not in the labour force	23.3	36.1	68.9	79.4	87.6	92.7
Australia-born 2006	Male	Female	Male	Female	Male	Female
Employed, full-time	51.7	22.5	11.2	3.1	2.0	0.5
Employed, part-time/other	17.6	28.3	12.3	8.2	4.1	1.6
Unemployed	1.7	1.0	0.3	0.1	0.1	0.0
Not in the labour force	28.0	47.0	73.9	85.6	87.9	90.7

5.2 Weekly personal income

Similar trends to the rate of employment are observed in the weekly personal income category, which declines as age increases. Older women have a higher representation in this area. These trends are similar for all categories of older people but more pronounced for those from CaLD backgrounds, particularly women (Figure 7). For example, almost one-third of men (30.1%) and more than half of women (52.2%) aged between 55 and 64 years from CaLD backgrounds had low (<\$500) or no income (negative/nil). The proportion of low-income earners is much higher, compared with either the MESC (19.7% and 39.4%, respectively) or Australia born (22.3% and 40.9%, respectively) cohorts. The situation worsens for those aged 65–74 years and is most severe for the 75–84 year age group. Three-quarters of CaLD women and two-thirds of CaLD men aged between 75 and 84 years fell into this income bracket in 2016. The corresponding figures are 67% and 59.7%, for women born in MESC and Australia, and 62.3% and 55.1% for men. The proportions of older people earning \$1000 or more are becoming smaller with an increase in age across all categories of older men and women (Table 15).

Personal weekly income declines substantially for older people, with older women from CaLD backgrounds impacted the most

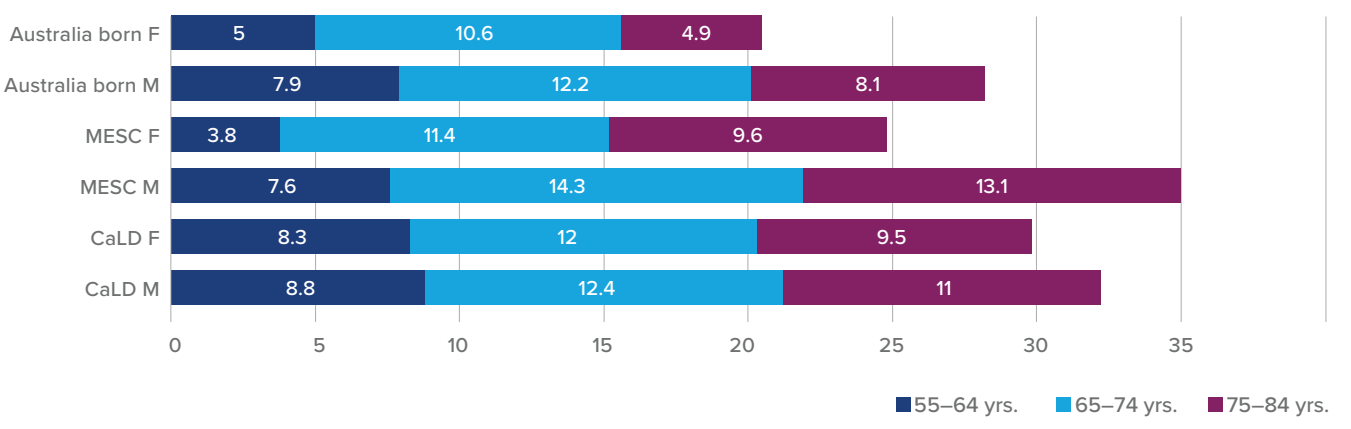
Figure 7: Western Australians with low/no weekly income by category, gender and age group, 2016 (percentage)



Since 2006, the proportion of low/no income earners has remained consistently large, particularly for older women from CaLD backgrounds. There is a notable increase in the number of older men and women who reported negative/nil income. However, the rate of growth is most remarkable for men in general, particularly those aged between 65 and 74 years, and for the MESC-born (Figure 8). For example, between 2006 and 2016, the average annual growth rates were 14.3% and 13.1% for men born in MESC aged between 65–74 years and 75–84 years, respectively, compared with 12.4% and 11%, respectively, for age cohorts from CaLD backgrounds. In contrast, however, growth rates are higher for older women from CaLD backgrounds, irrespective of age. Accordingly, unlike MESC and Australia-born age cohorts, the gender differential was not so acute for CaLD older people because financially disadvantaged men and women experienced an even growth over time (Figure 8). This trend suggests growing income inequality by age. Additionally, there is a greater risk for older MESC-born and CaLD men and women to lose their incomes.

For a breakdown of personal weekly income of Western Australians by category, gender, age and income brackets since 2006, please see Appendix, Table 15.

Figure 8: Growth rate (per year) for the negative/nil income earners by category, age group and gender between 2006 and 2016 (percentage)



5.3 Need for assistance with core activities

The need for assistance in core activities or activities of daily living such as functional mobility, personal hygiene, showering and/or bathing, and toileting is a useful indicator of the state of health of older people. An analysis of the census data shows that the need for assistance increases as a person ages and reaches a peak for the oldest age group. Similar to other areas of vulnerability, this is represented by increasing numbers. These trends are similar across all groups of older people but the rates are much higher for older people from CaLD backgrounds, particularly those aged 75–84 and 85 years and over.

For example, in 2016, the proportion of CaLD men and women aged between 55 and 64 years requiring assistance was around five per cent, which almost doubled (8.9%) for the 65–74 year age group. Thereafter, for the 75–84 year old women cohort, the rate trebled to 30.1% and for the oldest age group it jumped to 61%. The corresponding figures for men were 20.4% and 49%, respectively. Comparatively, the rates were 14.8% and 18.4%, for older men and 37% and 51.8%, respectively women (aged 75–84 and 85+ years) from MESC backgrounds and. Similarly, for Australia-born age cohorts, the rates were 16% and 19%, for men and 36.6% and 49.6%, respectively for women (Figure 9). The need for assistance is persistently high over time for all groups of older people but remained almost unchanged for those from CaLD backgrounds (Figure 10).

Over 60% of CaLD older women aged 85+ require assistance with core activities

Figure 9: Western Australians requiring assistance by category, age group and gender, 2016 (percentage)

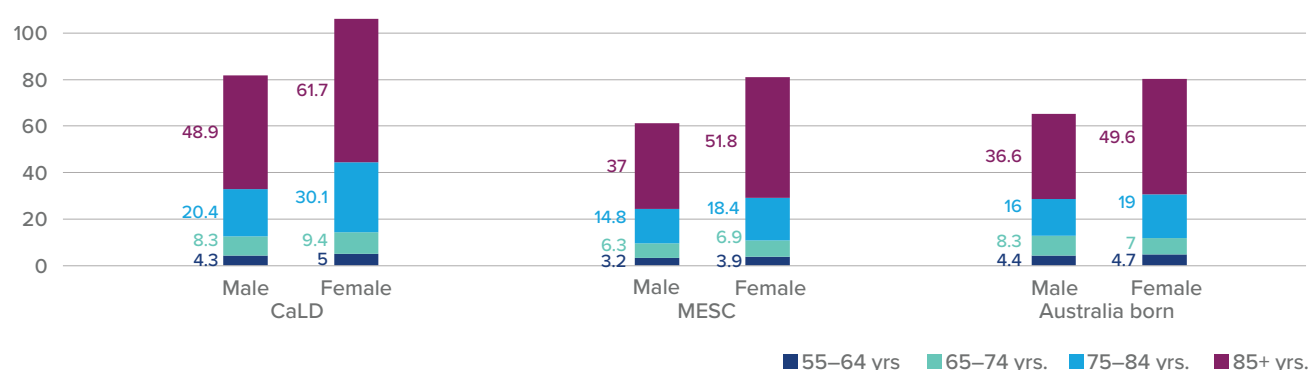
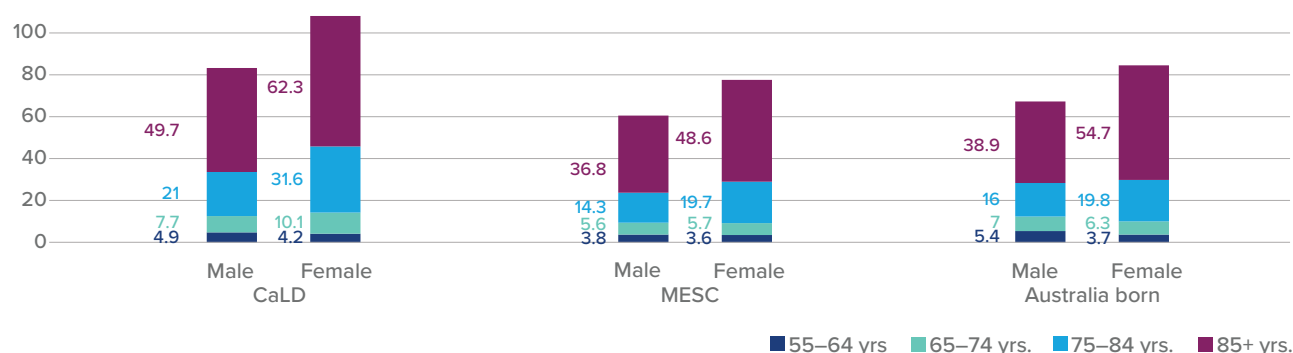


Figure 10: Western Australians requiring assistance by category, age group and gender, 2006 (percentage)



These figures indicate increased vulnerability at a significant rate as people grow older, particularly women.

6. CaLD older people in Local Government Areas (LGAs)

6.1 Ranking of LGAs by CaLD older people

The distribution of CaLD older people between metropolitan and regional local government areas (LGAs) is consistent with 2006 data figures. Changes can be seen in the ranking of LGAs based on the concentration of older people from CaLD backgrounds (please refer to Appendix, (Tables 16–20) for comparative LGA data). In 2016 there were 22 metropolitan LGAs in which more than 1000 older people from CaLD backgrounds lived, compared with 19 and 18 LGAs in 2011 and 2006, respectively (Appendix, Table 16).¹² LGAs representative of change in concentration of CaLD older people in 2016 include Cambridge, Perth and Kwinana. Except for Stirling, Victoria Park and Mundaring, the ranking of all LGAs has changed since 2006. Table 18 (in the Appendix) shows the LGAs that have experienced a higher rate of growth of older people from CaLD backgrounds, compared with other LGAs.

The LGAs of Bayswater, Kalamunda, Fremantle and Vincent have experienced negative or minimal increase of CaLD older people. It should be noted that, with the exception of Vincent and parts of Fremantle, the number of older people from CaLD backgrounds increased in each successive census period for all LGAs.

In relative terms, ranking of LGAs also varies in relation to the number of CaLD older people as a proportion of the total Western Australian cohort and the total CaLD population in the same LGA. For example, despite experiencing negative growth over time, Bayswater and Vincent emerged as the top two LGAs with older people from CaLD backgrounds representing between 32% and 44% of the total seniors in each since 2006 (Appendix, Table 17). The percentage of older people from CaLD backgrounds as a proportion of the Western Australian cohort has increased in Nedlands, which was added to the top LGA list in 2011, and Perth, which was added in 2016. Conversely, Joondalup is not included in the 2016 figures.

Ranking of LGAs alters further when people aged 55+ years from CaLD backgrounds were derived as a proportion of the total CaLD population in each LGA. Accordingly, with 55+ people representing almost half of the CaLD population in each, Mundaring and Fremantle emerged as the top two (Appendix, Table 18) despite their lower ranking (16th and 18th, respectively) in terms of absolute numbers of CaLD seniors' population (Appendix, Table 16). Their ranking has remained consistent since 2006. A similar trend in ranking elevation can also be observed in Nedlands and Kalamunda. In contrast, except for Melville, most of the large LGAs such as Stirling, Canning, Gosnells and Wanneroo are among the top 10 in terms of proportion of CaLD older people to the total local older people in each LGA (Appendix, Table 17).

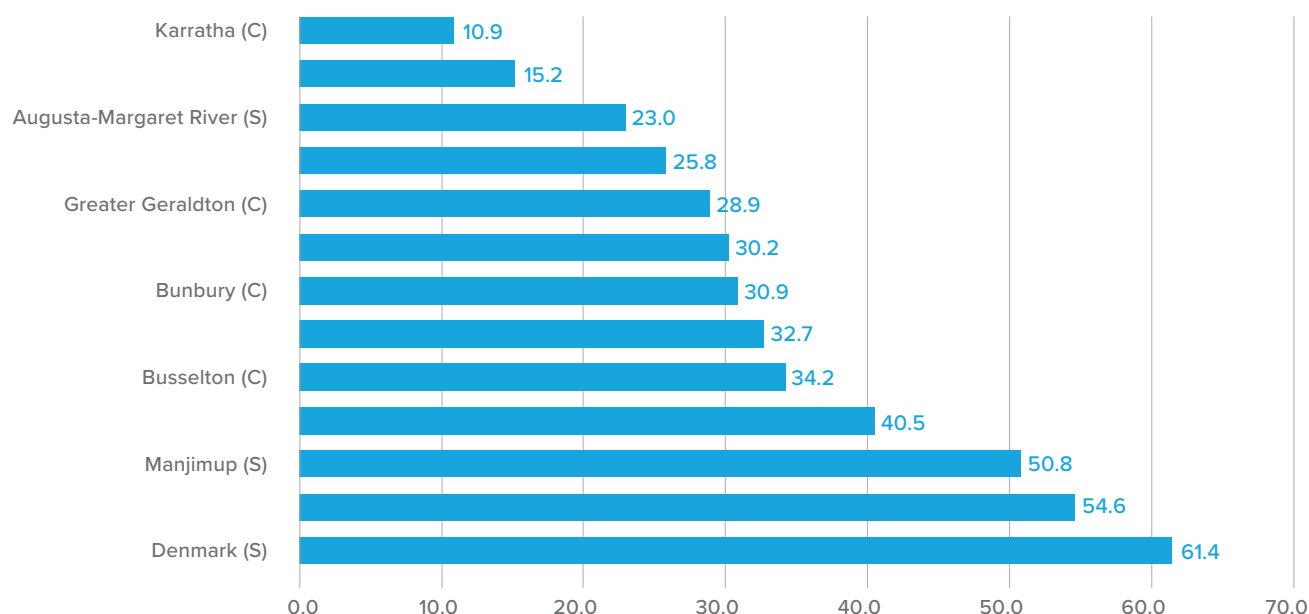
Different ranking of LGAs in absolute and relative terms suggests that settlement patterns of older people from CaLD backgrounds by their number alone does not provide the full picture. In order to get the whole settlement perspective, it is important to consider proportional representation of older people against the total CaLD population in each LGA as well as against the total number of older people.

Among the regional LGAs, none but Mandurah had more than 1000 older people from CaLD backgrounds, and the top eight regional LGAs with 200 or more remained identical between 2016 and 2011. This stability can be attributed to slow and/or steady growth of older people from CaLD backgrounds in most of the regional areas, as they settled predominantly in the metropolitan areas. For example, except for Busselton, none of these LGAs experienced more than 20% growth between 2011 and 2016 (Appendix, Table 19). Rather, the number of older people from CaLD backgrounds declined in Bunbury and Manjimup. Similarly, Roebourne, Collie and Carnarvon no longer ranked among the top LGAs as they also experienced a decline in the CaLD seniors' population and were replaced by Augusta–Margaret River, Dardanup, Karratha and Denmark in 2016. However, it should be noted that between 2006 and 2011, there was a notable increase in older people from CaLD backgrounds in most of these LGAs.

Proportional representation of older CaLD people as well as numbers need to be considered when planning services at the local level

Proportional representation of older people from CaLD backgrounds against total numbers of older people in each LGA was below 10%. However, compared with the CaLD population in these regional LGAs, generally those with smaller CaLD populations, such as Denmark, Manjimup and Murray, had larger concentrations of older people from CaLD backgrounds, compared with those with larger CaLD populations such as Kalgoorlie-Boulder or Greater Geraldton (Figure 11).

Figure 11: Ranking of regional LGAs by CaLD older people as percentage of total CaLD population in each LGA, 2016



6.2 Low English proficiency and LGAs

The examination of LGAs for the scope of language and other services for older people from CaLD backgrounds needs to consider the following:

- those LGAs that are top ranking by larger number of low English proficiency speakers
- those derived from the percentage of total older people living in the LGAs or total number of the older people speaking those languages.

Katanning emerges as the top-ranking LGA having the largest share of CaLD seniors with low English language proficiency (29.4%), followed by Vincent (26.7%) and Fremantle (23.4%) (Appendix, Figure 12).

Mapping of languages by the number of people (aged 55 years and over) with low English proficiency and LGAs shows that Stirling, Cockburn, Fremantle, Vincent and Bayswater have the larger concentration of Southern and Eastern European languages such as Italian, Macedonian, Croatian and Polish, compared with other LGAs (Appendix, Figure 13). In contrast, except for Stirling, Mandarin and Cantonese speakers with low English proficiency lived mainly in Canning, Melville and Gosnells, while Vietnamese speakers with low proficiency can be found mainly in Bayswater, Wanneroo and Swan. The figure also reveals huge variations in the number of language speakers in each LGA ranging between 33 and 614.

Conversely, there are the LGAs that are identified in which low proficiency languages are determined by the proportion of speakers aged 55 years and over with low proficiency (Appendix, Figure 14).¹³ Accordingly, the number of speakers is smaller compared to the other groups discussed in Figure 13, which ranges between 10 and 129. Low English proficiency speakers of languages such as Hazaraghi, Karen, Khmer and Dari lived mainly in Gosnells, Wanneroo and Stirling. Punjabi and Bosnian speakers were found in Swan, Cockburn, Bayswater and Joondalup, while those of Punjabi and Korean could be seen in Swan, Melville and South Perth. It should be noted that except for Punjabi speakers with low proficiency who live across most of these LGAs, others are clustered in only a few LGAs.

Of significance for LGAs is the distribution of people from CaLD backgrounds with low English language proficiency as well as concentrations of particular language groups. Mapping of LGAs where older people with low English proficiency by languages spoken at home lived in 2016 shows that they spread across at least 37 LGAs, with three-quarters (75.7%) living in metropolitan LGAs (28) and almost one-quarter in regional LGAs (24.3%). None of the regional LGAs are among the top 20 LGAs in terms of number of speakers with low English proficiency aged 55 years and above in 2016 (Appendix, Table 20). Except for Stirling and Wanneroo, ranking of these LGAs does not exactly correspond to the ranking of LGAs by concentration of older people from CaLD backgrounds (Appendix, Tables 16–19).

LGAs with large proportion of CaLD seniors with low English language proficiency—
Katanning, Vincent and Fremantle



7. Aged care policy implications

The analysis of the data highlights a cycle of vulnerability including low English proficiency, no/low education, low employment, low income and high prevalence of disability, which increase with age and is more prominent among women from CaLD backgrounds. Policy implications arising out of these vulnerabilities are discussed below.

English language, digital exclusion and health literacy

The analysis of language data highlights an increased diversity of older people in WA, reflecting the rapid ageing of European communities, and a decline in English-only speakers with age and over time. This trend raises important questions regarding English language proficiency and the impact of low proficiency levels on access to information, services and support. It also highlights the importance of multilingual strategies for particular population cohorts such as older men and women from CaLD backgrounds.

There is often an expectation and assumption that migrants who have been in Australia for long periods of time should have adequate English language proficiency. Despite the length of time they have been in Australia, postwar CaLD migrants continue to have special health care needs as a result of their migration experiences and the Australian social landscape present at the time of migration. Many migrants worked with other migrants from their particular cultural groups and, as a result, there was a low impetus to learn English. Additionally, there were few opportunities to learn English as language education classes were not well established, and historic low to no education levels created low awareness and knowledge of the English language.¹⁴

English language competence is required for effective access of aged care, health-related information and services; including the ability of older people to negotiate public transport, access information in the mainstream media, telephone emergency services, lodge complaints and participate in the planning and implementation of their health care.¹⁵

Combined with lower levels of education, low literacy in the language of origin or preferred language, low income levels, and other social and economic factors, older people from CaLD backgrounds are some of the most vulnerable in terms of their ability to access services and are at risk of social isolation and elder abuse.

The barriers to health care that result from low/no English language proficiency are further compounded by low education levels. A 2009 ABS Health Literacy Survey report showed that health literacy was lower in people who speak English as a second language (26%) and higher in people who have completed a Bachelors' degree or higher (70%). Health literacy was also higher among people with high incomes (63%) than among people on low incomes (21%).¹⁶

Activities that support health literacy among older people from CaLD backgrounds include:

- adopting multilingual communication strategies such as translated information and pictorial messaging, employment of bilingual workers and engaging interpreters
- making use of alternative media including radio and television
- creative activities such as participatory theatre
- initiatives to increase digital literacy that are delivered in socially supportive environments.

A lack of digital literacy further impacts health literacy levels. Digital literacy is becoming increasingly important as more and more information and services are provided on line such as the *MyGov*¹⁷ and *My Aged Care*¹⁸ websites. Low English language proficiency and digital exclusion makes understanding and navigating aged care and other human services systems a greater challenge for older people from CaLD backgrounds, who must rely on families to assist them, making health literacy a key policy challenge.

In 2017, the Australian Digital Inclusion Index (ADII), which measures access, affordability and digital ability, showed overall improvement. However, the digital divide between younger and older Australians has grown steadily,

indicating that older people are falling behind in their capacity to access and make use of the internet.¹⁹ People aged 65 and over are among the most digitally excluded groups in Australia, particularly if they are women, on lower incomes or not living in a major city.²⁰ The negative impact of region and income on digital literacy is reflected in international studies.²¹

The Australian Human Rights Commission has identified that older people's lack of confidence to engage with the internet at high levels limits their 'full inclusion' in accessing mainstream information technology and in making independent decisions about their lives.²²

There is an increasing number and diversity of digital literacy programs for older people and those aimed at older migrants are more likely to be successful if delivered in socially supportive settings.²³ This is particularly the case where there are language and cultural barriers to overcome. For example, Umbrella Multicultural Community Care's internet café offers attendees the opportunity to engage in online shopping, reconnect with family, places and friends from overseas, as well as to join online poetry groups or listen to music from their homeland.²⁴ However, there are no best practice guidelines and, coupled with a lack of research and eHealth program evaluation, it is difficult to examine which type of program works best.²⁵

The WHO active ageing framework acknowledges the importance of formal education and literacy, and lifelong learning in facilitating participation, health and security as people grow older.²⁶

Publicly subsidised non-accredited general-interest lifelong learning programs can be cost-effective strategies for improving wellbeing and health, including mental health, and developing more affordable, accessible and diverse later-life learning programs to achieve the goal of active ageing in place for all.²⁷ Lifelong learning opportunities also help to ensure older people's participation in civil activities, volunteering and in the workplace as well as encouraging intergenerational understanding and support.²⁸

For those older adults who do not have support to access internet-based programs and who prefer to learn with personal instruction, face-to-face training programs are effective, such as those held at local libraries. These can play an important role as sites for hosting learning events, particularly in rural and regional contexts.²⁹ For example, in the City of Bentley an intergenerational Stories and Skills Across the Life Course Program has been delivered to increase the digital literacy skills of its older residents.³⁰

In response to these trends, there are various social enterprises that have emerged to support older people on a fee-for-service basis, such as the [Lively Organisation](#). Although these programs can be beneficial for those who would prefer help in-home, they do not provide affordable options to bridge the digital divide for older people on low incomes, which is one of the biggest barriers to online access.³¹ Therefore, there is a need for programs that are free for older people to address the affordability and cultural divide.³²

Recently, home and community care organisations have recognised the benefits that technology can provide to their clients, such as the [Amana Living care technology program](#) to help promote connection and alleviate social isolation for home, community and residential care recipients. These often include an intergenerational initiative that teams care residents with local high school students who teach them how to use technology. The social aspects of the program for both students and residents were shown to be as beneficial as the knowledge gained.³³

Community group-based programs have been developed by interested individuals, such as the [iPad Seniors Group in WA](#). This program has grown to be a self-help group, led by a community volunteer who initiated the program by teaching herself to use an iPad. These programs support older adults to learn how to use the internet in a social environment at their own pace on their own terms and from their peers, which has the best chance of bridging the digital divide.³⁴ These initiatives are limited and the sector would benefit from an overarching digital literacy and eHealth policy providing guidelines for best practice and minimum standards.

7.1 Financial vulnerability and its consequences

Workforce participation is often considered an important component of healthy ageing for many older people. In addition to financial vulnerability, the risk of homelessness and elder abuse increases in situations of income stress and poverty. In terms of the WA public sector workforce, older workers from CaLD backgrounds are mainly concentrated in the services sector as registered nurses, cleaners, education aides and primary/secondary school teachers.

In addition to low education and English language proficiency levels, research identifies several barriers to the labour force participation of older people from CaLD backgrounds. These include a lack of conducive practices and/or environment, such as limited recognition of overseas qualifications, and the intersection of age and race discrimination in the workplace. An Equal Opportunity Commission report noted that many people aged 40 years and over from CaLD backgrounds 'struggled to get employed because of assumptions that they are incapable of learning new skills. It is hard for them to get interviews in metropolitan areas and employment opportunities are limited in regional areas'. The report also noted that including entry-level work positions, such as supermarket trolley jobs and cleaning, on job applications or resumé impacted potential employment opportunities.³⁵

Work status and low income also impact older people's ability to access financial, health, and other goods and services. The EOC report documented difficulties and/or discrimination faced by older people, including the inability to acquire home loans and/or low-interest credit cards, communication challenges with health care professionals which often adversely affected their health outcomes, being ignored, and relentless negative stereotyping in media and social media.

One way to begin addressing inclusive employment practices is to amend the *Workplace Gender Equality Act 2012 (Cwlth)* to include age and ethnicity, recognising the intersections between age, gender and racial discrimination in workplaces.



The Western Australian Equal Opportunity Commission recommends customised training on the *Equal Opportunity Act 1984* for older people's service providers, human resource personnel and managers of older people's residential organisations. This would enable them to address the issues related to ageism and age-related discrimination experienced by older people, particularly those from CaLD backgrounds in the workplace, and in accessing financial and other goods and services.

Employer incentives could include awards such as the Australian Training Employer of the Year Award, which includes training for employees who are from groups often under-represented in employment, education and training. This could include people with disabilities, from Indigenous backgrounds, or from a non-English-speaking background, people in older age groups, and people living in remote areas.³⁶

The EOC report also identifies that housing options for older people were characterised by 'unfair, unaffordable and unconscionable monthly rentals, exit fees and housing contracts'.³⁷ According to the Council on the Ageing (COTA), there are only three specialised older people's housing programs out of a total of 1500 community housing programs across Australia.³⁸ Homelessness is also growing among older women due to a series of factors that include death or separation from a spouse, income poverty and the gender pay gap. Older women from CaLD backgrounds are particularly vulnerable due to low levels of English language proficiency, education, employment and income security.

The risk of homelessness is higher for CaLD older people if they have migrated to Australia at a later age without substantial assets. If they migrated to Australia under the Assurance of Support visa, there is no right to Centrelink payments and their family is responsible for financial support for 10 years. The risk of homelessness increases if a spouse passes away or in the case of relationship breakdown within the family unit. According to the Housing for the Aged Action Group (HAGG), migrants are at a higher risk of becoming homeless because of discrimination due to language and cultural differences, family breakdowns and lack of financial security.³⁹ The Aged Care Sector Committee's Diversity Sub Group is currently developing a fourth action plan under the Aged Care Diversity Framework in response to the need to address this inequity among CaLD and other population groups across Australia.⁴⁰

The recently released *Ageing on the Edge WA report* has found that 12.4% of Western Australians aged 65 and over live in rental accommodation. The number of older people at risk of homelessness is increasing; this is particularly so for women who on average are paid less than men and retire with significantly lower superannuation than men (47% less). The report does not include disaggregation of data for CaLD older people, however, it states that 'most worrying is the fact that people aged 65–74 years experienced the greatest percentage increase of homelessness and housing stress for older people in WA of all age groups over the 2011–2016 intercensal period at 16%'. With CaLD older people making up a significant portion of this age group in WA, it can be assumed that this cohort, even though not specifically mentioned in the report, is impacted by homelessness or the threat of imminent homelessness due to mitigating factors identified in the cycle of vulnerability contained within this report and from migration/visa status instability as discussed above. Additionally, the report identifies that the Greater Perth areas of Rockingham, Mandurah, Bentley–Wilson–St James and Perth city have the highest numbers of people experiencing housing stress.

Housing stress
is pronounced in
Rockingham, Mandurah,
Bentley–Wilson–St James
and Perth city

Ageing on the Edge report, 2019



7.2 Ageism and wellbeing

Addressing the impact of ageism is becoming evident in WHO Age Friendly approaches, building on global trends in aged care, including the dominance of Ageing in Place policies. In 2018 the Benevolent Society of Australia launched its *EveryAGE Counts* campaign, which aims to break down the barriers and change the perception on what it means to age, by working with other organisations, local communities, experts and older Australians. In WA, the City of Melville adopted an *EveryAGE Counts* campaign in October 2018 to ‘positively change social norms and public discourse on ageing, drive a holistic political and societal response to the opportunities presented by our ageing population and reframe getting older as a valid, positive and meaningful part of life’.⁴¹ It is important that all programs, particularly those that attract federal funding, are inclusive of all population cohorts that are reflective of the *Special Needs* groups articulated in the *Aged Care Act 1997 (Cwlth)*, and additionally to demonstrate commitment to the Federal Government’s Multicultural Access and Equity Policy.

The Index of Wellbeing for Older Australians is produced by The Benevolent Society in partnership with the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra. Using a number of data sources the index provides a geographical representation of varied levels of wellbeing across Australia. Through this technique it provides an understanding of the complex factors that contribute to the wellbeing of older Australians aged 65 and over. The index, however, does not allow differentiation on the basis of gender, Aboriginal and Torres Strait Islander background or cultural and linguistic diversity.

7.3 Active-ageing frameworks and their implications for CaLD population groups

Low rates of employment combine with high rates of disability and reduced mobility to contribute to increased isolation of older people, a major issue impacting the health and wellbeing of older people from CaLD backgrounds.⁴² A reliance on family and informal care, combined with low English language proficiency and digital literacy, can result in older people missing out on services and early health interventions to keep them fitter for longer. This can also result in a lack of opportunities to engage socially in the community.

Western Australia is a global and national leader in the World Health Organization (WHO) Age Friendly Communities approach at the local government level and in June 2017 became the first Australian State or Territory to become an affiliate of the WHO Global Network of Age-friendly Cities and Communities. The WHO Active Ageing framework identifies six key determinants that influence an individual’s physical, social and mental health and wellbeing as they age: economic, social, physical, personal, health and social services, and behavioural.⁴³

While the Active Ageing framework identifies culture and gender as cross-cutting determinants that have significant impacts on all the other determinants and domains, the fact that they are not specifically identified as areas for action may impact on the extent to which they are addressed. Despite the success of the WA age-friendly approach, a recent review of age-friendly funding found that 42% of evaluation survey respondents identified CaLD older people, and 61% identified Indigenous older people, as a gap in their age-friendly consultation.⁴⁴

Although there were many excellent initiatives from local government areas, including the activities of the Age Friendly Professional Network, the review found that, overall, local government officers feel ill-equipped to engage with cultural diversity within their communities. As one officer interviewed reported: ‘We didn’t report anything about people from different cultures because we didn’t feel we had enough to say anything’.

Recommendations of the age-friendly funding review included recognition of ‘an acute need to address diversity among seniors, through effective engagement and consultation with representatives and communities. This is a significant gap in the age-friendly approach that requires targeted responses’.⁴⁵ Furthermore, notions and practices of ageing in place, and age-friendly approaches in general, fail to account for the impact of two major transformations on the experiences of ageing and the practices of aged care: the role of international migration and mobility in dispersing social networks of care across distances and borders, and the role of new media in reconnecting and reconfiguring those networks.

‘[There is] an acute need to address diversity among seniors, through effective engagement and consultation with representatives and communities’

While social networks are now recognised as playing an important role in successful ageing in place, there remains a common assumption that such social networks must necessarily comprise people living in close proximity. What is less commonly acknowledged is that information and communication technologies (ICTs) have transformed the nature of social networks and enhanced the capacity to participate in social groups and activities at a distance. Online platforms now enable a diverse range of opportunities for social engagement and social interactions at a distance, supporting ‘social networks of interpersonal ties that provide sociability, support, information, a sense of belonging and social identity’.⁴⁶

It is also important to enable access by older people and their carers to safe, appropriate and affordable transport options that enable them to participate in the social and economic life within their communities. Given that in WA, many regional towns and shires have limited or no public transport, State and local governments could consider community transport and transport pooling arrangements to provide free and/or subsidised services to facilitate attendance at medical appointments, deal with banking and social welfare needs, and attend community events and other social/civic activities.

7.4 Access to aged care services

The report data analysis highlights the increase in the number of older people from CaLD backgrounds, especially those in the 85+ age bracket. This has implications for aged care, particularly as the current average age of entry to aged care services is 82 years for men and 84.5 years for women.⁴⁷ The need for assistance gradually increases from 65 years and peaks for those aged 85 years and is a universal trend for all categories of older people, irrespective of their birthplace and gender. However, the rate is higher for all age groups of older women than men, and for people from CaLD backgrounds, and highest for CaLD women aged 85+ years.

People from CaLD backgrounds are more likely to be receiving care in their homes, rather than residential care.⁴⁸ Of the people aged 65+ in residential aged care, 19% were from CaLD backgrounds in WA as at 30 June 2017, similar to the Australian CaLD cohort average (18.9%), and in proportion to their representation in WA’s total 65+ population (18%).

The percentage of older people from CaLD backgrounds in WA accessing home care packages at levels 1–2 was 27.1%, at levels 3–4 it was 24.2%, while 19.3% accessed the Commonwealth Home Support Program and 19.9% accessed transition care. According to data from the Aged Care Financing Authority (ACFA), 155,905 people from CaLD backgrounds across Australia received home support, 35,557 received residential care (19%) and 22,525 received home care (25%), as at 30 June 2018.⁴⁹

Of particular importance is improving the entry portal to aged care known as My Aged Care, which comprises a website and phone line. For older CaLD people interaction with the portal is not always easy or practicable due to language barriers and a general lack of cultural competency by the phoneline operators. The following case study provides an example of the challenges faced by consumers from CaLD backgrounds. The website has undergone improvements recently with a move to the use of plain English and enhanced search options for aged care services.

Case Study 1:

Accessing the *My Aged Care* system

Most of the older people I've spoken to are really unable to access the *My Aged Care* website. They have very limited digital literacy skills and don't own a computer, let alone access to the internet. Those of them who don't have children to navigate the process on their behalf are really stuck. Some of them find the courage to phone the call line, and struggle through with their limited English. But it is a lottery who they get on the other end of the call. If they are lucky, they will get a patient person who understands how to deal with an older person from a migrant background. If they are not lucky, they might get a person who is impatient, doesn't listen, says they can't understand them and fobs them off. I get the impression there's a lot of transient staff in this role, you never get the same person, you can't form a relationship with anyone. I don't think they get much training. They are supposed to offer and organise the use of an interpreter, but not all of them do this. There is some translated material on the website, but the problem is, a lot of older people are not very literate in their original languages, and anyway, this information is on a website, which as I said, they can't access anyway. Even the younger generation, the adult children of the migrants, struggle with the process. We have found that registering for an assessment via email is the best first step. But very few older people can do this for themselves.

What happens then is that older people ring us. We are an ethno-specific service provider. But, here is where there is a conflict of interest, because we are a service provider and we are not supposed to be helping people access the system. The system is meant to offer the client, the older person, choices to create their own care package, but they can't even lodge a request for assessment on their own. I've tried to ring up on behalf of clients, which is not supposed to be my role. The staff won't talk to us, they won't give us any information, unless the client is sitting with us, so we can't advocate on anyone's behalf. It's hugely frustrating.

WA Aged Care Service Provider⁵⁰



The issue is further complicated by the contradictory stereotypes that prevail about certain cultural groups.⁵¹ On one hand, they are not seen to need special consideration, because they are presumed to have strong family support networks that cater for all their needs. On the other hand, the expectation that the younger generations will provide this support and maintain the tradition of caring for elderly in the home contradicts the expectation that they will adopt mainstream practices and attitudes and therefore be less available and inclined to care for their ageing parents in this manner.⁵²

Overall, it is difficult to measure the extent to which the current arrangements for protecting access to aged care services for different population groups are effective.⁵³ From the demographic trend analysis, many people from CaLD backgrounds have higher levels of disadvantage and other additional risk factors compared with those born in MESC and Australia regardless of living conditions and socioeconomic status, which is likely to contribute to low rates of service access.

Consultations with CaLD aged care service providers and older people identify the following difficulties as the major barriers to access⁵⁴ :

- getting accurate, up-to-date, quick and easy information about services available
- accessing and navigating the My Aged Care website and other online information due to low English language proficiency, limited translated material, lack of technical skills and digital literacy, and poor connectivity in regional areas
- choosing service providers in the absence of information about their administrative costs on the My Aged Care website
- affording the high costs of residential care
- managing care during the waiting time for ACAT assessments and Home Care Package assignment
- finding services that provide suitable culturally appropriate care.

These findings suggest that it is important to create more opportunities to increase older CaLD people's access to services when they are younger and in better health to improve their long-term health outcomes. This is in line with the World Health Organization's healthy ageing recommendations, which emphasise the importance of maintaining older people's functional capacity as they age, and include preventative interventions.⁵⁵

Moreover, the challenges are not merely limited to accessing services, but also relate to the understanding of the overall process involved in accessing services. The following case study clearly outlines the case for face-to-face navigation assistance with the entry portal into aged care.

Case Study 2: Understanding the *My Aged Care* service process

We had been coping okay looking after Mum at home until her dementia got really worse. Then we couldn't leave her alone for any length of time because she was not safe on her own. Before, we could get by with one of us, my sister or me, dropping in on her once a day to check she'd had her medicine, got enough to eat, you know, was warm and whatever. But then she just wasn't managing to do the basics anymore and my sister and I both work, our kids are not big enough yet to help their grandmother out. It was a real crisis. So, of course, we get on the website thingy and lodge a request for assessment. Thank God for my son, even though they are only in Year 8, really helped me with the website. But, we had no idea how long it was going to take. Nobody told us.

So, it took nearly two months to hear back after we lodged a request for assessment. During that two months we were going crazy. We had to get help from a nursing agency, but they send a different person every day, and it's expensive and they never send anyone who can speak even one word of Italian. In fact, a lot of the time they sent nurses who couldn't even speak much English. It was such a stressful time. Then finally the assessment appointment happens and we have all these hopes and expectations that now we are going to get the support we need and it's all going to get better soon.

But, no way! The assessor really did not understand our situation. She kept asking my Mum what she needed and not me and my sister. We had to sit there and listen to Mum telling her how good she's going ... Also, the assessment process takes a really long time. We must have been nearly two hours answering all the questions. So, that process filled us with dread and not hope because we wondered what level of package they would give us.

Then we waited another couple of weeks for the approval letter. It was a low Level 2 package, but enough for us to work with, we were starting to feel hopeful again. But then, we waited four months for the assignment of the package. Four months. In desperation we had to find someone, a carer, someone with language skills, you know. We found this lovely student from Italy, a backpacker you know. She had no training but she could speak Italian and my Mum liked her.

*Family carer of WA CaLD older person*⁵⁶



7.5 Aged care system navigation

In the 2018–2019 Federal Health Budget, one of the budget measures in the health/ageing portfolio was a \$7.4 million aged care navigator pilot trial. The launch of the [Aged Care System Navigation pilot trial](#) in February 2019 was a positive first step towards addressing aged care access issues for vulnerable groups. The pilot trials offer a combination of 62 activities, including information, community and financial navigation assistance to older people and their families, and will reach communities in both metropolitan and regional areas.

Aged Care Navigators have long been advocated for by the CaLD sector as they are understood to be the best option to assist older CaLD people to understand the aged care system through interaction with a bilingual, bicultural officer who understands the current system. This measure will particularly assist older Australians who are vulnerable, who may find it difficult to access or understand the aged care system, and people who have complex needs, including those with language barriers, or people who experience significant financial disadvantage or are socially isolated.

It is understood that of the 62 trials, three information hub trials, four community hub trials and two specialist support worker trials (plus additional trials in the Kimberley, Murchison and Pilbara regions) will operate within WA.

7.6 Disability

Like other States and Territories, the WA National Disability Insurance Scheme (NDIS) aims to provide people under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life. However, those who acquired a disability before they were aged 65 and who meet the eligibility requirements will still be eligible for NDIS support.

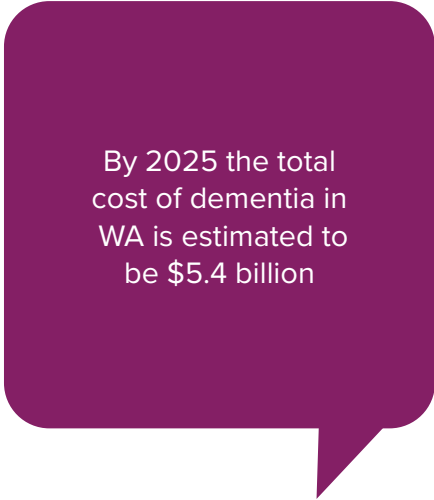
Also, 'there is a transition arrangement, the Commonwealth Continuity of Support Program (CCSP), for older people who were receiving specialist disability services managed by states and territories but are not eligible for the NDIS because they were over the age of 65 when the NDIS rolled out in their area'.⁵⁷ As a result of an agreement between Commonwealth and WA Government, this transition will start from 1 July 2020.

Accordingly, a large group of people aged 65 years and over remain outside the orbit of NDIS and will depend on Commonwealth Home Support Program (CHSP) home and residential care packages, which for CaLD older people means greater dependence on family members and community for essential support. Moreover, aged care support services are not intended to support people with a disability on the same basis as the NDIS. However, the State and Territory schemes do not provide access to all consumers.

Research shows that dementia is the single greatest cause of disability in older Australians aged 65 and over, and the third leading cause of disability burden overall.⁵⁸ Most importantly, dementia is the leading cause of death in Australia for women and the second leading cause of death overall; it is expected to be the leading cause of death within the next five years.⁵⁹ It is estimated that there are more than 40,500 Western Australians living with dementia. By 2058 there will be approximately 107,500 people living with dementia in Western Australia.

These numbers include the more than 2700 people with younger onset dementia, that is, dementia that develops before the age of 65.⁶⁰ The cost of dementia is estimated to have cost Western Australia more than \$1.7 billion in 2018.⁶¹ By 2025, the total cost of dementia is predicted to increase to almost \$2.2 billion in today's dollars, and by 2056 to more than \$5.4 billion.⁶² Further to this, the social and emotional costs of the condition cannot be measured. Timely diagnosis and early intervention remain major challenges for older CaLD Australians, far more pronounced than for Australian and MESC-born cohorts due to the cultural perspectives associated with the condition and the lack of use of culturally appropriate assessment tools and language barriers.

Data for the incidence and prevalence of dementia in non-English speaking populations in WA has not been updated since the [Deloitte Access Economics](#) study in 2009. This particular study noted that by the year 2020 people of CaLD background would represent 1.1% of the total WA population living with dementia.



By 2025 the total cost of dementia in WA is estimated to be \$5.4 billion

8. Aged care reforms

8.1 Consumer directed care

The Living Longer, Living Better reforms of 2012 have led to a progressive transition to a consumer choice and market-driven service environment by delivering increased support and care at home, additional home and residential care places, and a greater recognition of diversity and support to carers. The 2017 Increasing Choice in Home Care Reform shifted the funding allocation from the provider to the consumer in the Home Care Packages program. This significant reform has enabled portability of the packaged funds so that consumers can relocate and take their package with them, and has also enabled flexibility of service provider choice, with the consumer at the helm of controlling many more aspects of their packaged care. The reform also provides an easier process for organisations to apply for approved provider status which is a necessary requirement for providers of aged care services. While this has seen many additional operators enter the market, the lack of access to aged care services has not been addressed by the reform, as is particularly indicated by the lack of services in non-urban areas.⁶³

This particular reform, coupled with the transition to Consumer Directed Care in Home Care Packages in 2015, has restricted success, as its ability to be effective is premised on consumers who are empowered to understand the systems in place to make appropriate decisions for their care directives. This expectation poses challenges for many CaLD older people, especially women, who are often trapped in disadvantaged positions with low or no education, which results in lack of knowledge and understanding of services available. Their choices can also be restricted by income poverty, particularly if they are not assisted by appropriate advocacy measures.

Cultural world views and expectations can also be important barriers to accessing information and services.⁶⁴ While research shows that older people themselves are increasingly demanding the support necessary to remain independent and autonomous later into their lives⁶⁵, what it means to age well and be independent differs across cultural groups.⁶⁶ Many older people from CaLD backgrounds have a collectively-oriented rather than an individually-oriented view of health care, especially aged care. They may not see health and aged care as their individual concern, but rather the responsibility of their family, and even their community.

For more individually-oriented cultures, being independent in old age might mean relying on government services rather than family. In contrast, for more family-oriented cultures, it might mean relying on family and not on external service providers. However, a total reliance on family care has 'the potential to place strain on relationships' exacerbating the risk for elder abuse'.⁶⁷

Research also shows that the reliance on family care is sometimes overstated and that social isolation of older people from CaLD backgrounds can result from the assumption they will be cared for by their family members.⁶⁸

A general 'lack of understanding from health service providers about providing culturally sensitive and competent care'⁶⁹ is compounding the preference for family care and low rates of aged care service access by older people from CaLD backgrounds. Lack of funding for care plans that take account of necessary investments of time, as well as appropriate training and resources for social and emotional support that emulates more collectively-oriented forms of care such as important cultural practices around food and activities, further reduces the appropriateness and attractiveness of services.⁷⁰

A lack of engagement with CaLD older people in respect of policy formation has been identified as a major barrier to progressing the implementation of appropriate measures to ensure equitable access of outcomes for this cohort.⁷¹ The Multicultural Aged Care Café consultations conducted by the Office of Multicultural Interests exemplify the value of customer feedback and direct dialogue with service providers and government agencies.⁷²

8.2 Integration of CHSP and Home Care Packages Program

In the 2015–16 Federal Budget, the Australian Government announced that a future integration of the CHSP and Home Care Packages program was being considered with the intention of July 2018 being the start date of the new program. Integration did not occur in July 2018 and therefore in the 2019–20 Budget the government extended all CHSP funding agreements for a further two years. This means that the Home Care Packages Program will continue in its current form until 2022. The importance of separation of the community care programs is particularly beneficial for older people from CaLD backgrounds. The social support services derived from the entry level CHSP (formerly HACC) program is well acknowledged throughout the sector. CaLD-specific social support groups that are run by providers ensure that older people from CaLD backgrounds have a link to their language, culture and heritage. The programs offered by WA organisation [Umbrella Multicultural Community Care](#) are testament to this, particularly in Umbrella's use of culturally inclusive programs for a range of language and cultural groups.

The [National Aged Care Alliance](#) is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals. The alliance is an example of collaborative governance and, through its collective, is a leading voice for aged care for the past decade. The alliance prepared a [consultation paper](#) regarding the integration of the CHSP and Home Care Packages Program in response to a government consultation process in 2017. The paper outlines a range of options for integration including a streamlined assessment process whereby there is no separation of assessment streams, which will eliminate confusion currently experienced by consumers and their representatives.

Overall, the alliance recommends that an individualised funding stream should dominate the delivery of the integrated program and admits that consumers need to be empowered to understand the market-driven nature of the activity in order to ensure the success of the proposed program. As outlined earlier, in order to make choices about care needs and its delivery, consumers require a certain level of health and systems literacy, which older people from CaLD backgrounds have a great deal of difficulty in attaining.

It is imperative that, to ensure equity of access and outcomes in aged care provided in the home, a base level of block funding must be made available to ensure that community support programs are not derailed towards an individualised funding process. It is important also that all stakeholders in aged care are afforded an equal voice during consultations designed to inform future reform agendas.



8.3 Aged Care Diversity Framework and CaLD action plan

The Aged Care Diversity Framework launched in December 2017 is the overarching policy framework that covers government-subsidised aged care for people with diverse needs and characteristics; with the central tenet or vision being that 'All older people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences'.

The framework is underpinned by a human rights approach and is founded on the principles of non-discrimination articulated by the World Health Organization.⁷³ It includes the overarching imperatives to drive change to make the aged care system more equitable, accessible and inclusive for older people with diverse needs, circumstances and life experiences. These are:

- empowerment
- equity of access
- inclusion
- quality
- responsive and accountable
- capacity building.

The following strategic priorities were designed to apply to all older people from diverse groups and identify the roles of government, providers, peak organisations and consumers in understanding the intent of the framework. These priorities are also mirrored as the consumer outcomes of the framework, being:

- making informed choices
- adopting systemic approaches to planning and implementation
- accessible care and support
- a proactive and flexible aged care system
- respectful and inclusive services
- meeting the needs of the most vulnerable.

All older people experience a high-quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences

*Aged Care Diversity Framework—
Vision statement*

Aged care strategic reforms such as the Diversity Framework, Charter of Rights and Quality Standards have moved to make the consumer central to all outcomes, a move away from the provider focus on organisational processes or government actions contained within the former policy frameworks covering these areas.

The CaLD action plan is one of the three founding action plans to sit under the Diversity Framework. The action plans have been designed to assist government and providers to address barriers experienced by older CaLD individuals to aged care, and for consumers a specific plan has been developed to assist them to understand the outcomes that they should be experiencing when accessing aged care services and supports. Specifically, aged care consumers from CaLD backgrounds should be able to access information in their language of choice, have access to qualified and suitable interpreters when dealing with a range of stakeholders including government, be involved in the planning and implementation of their service, and be respected and included in all aged care services.

The CaLD action plan has now been translated into 24 languages and can be accessed [here](#).

8.4 Aged care quality standards

From 1 July 2019 a new set of aged care quality standards have come into force for compliance monitoring and accreditation purposes of all aged care services. The new standards provide a single set of standards that are based upon eight consumer outcomes covering varying areas. The previous four separate standards that covered accreditation standards for residential care, home care, flexible care and the Commonwealth Home Support Program assessed an organisation's processes in providing care. They also directed specific attention to important areas concerning an older person's wellbeing, including medication management, continence management, palliative care and attention to cultural inclusion and spirituality.

The new standards are underpinned by Standard 1, Consumer Dignity and Choice, which calls for consumers to be able to maintain their identity and enabled to make choices to live in the way that they prefer to live. The eight standards have several components, including consumer and organisational outcomes and a set of requirements that need to be met. The standards are accompanied by [guidance material](#) that assists providers to understand the cultural shift required to adhere to the new standards. This includes reflecting on their regular care practices and being able to review them consistently.

For older people from CaLD backgrounds accessing care and supports, the new standards mean that care delivered to them needs to be centred on their respective identities through a holistic approach to care management. Every person is different, and an individualised approach to care is now required to be adopted in order to satisfy the requirements imposed by the new standards. The Diversity Framework has been identified as a resource to assist with compliance to Standard 1.⁷⁴

The Aged Care Quality and Safety Commission has produced a range of consumer resources designed to assist aged care consumers to understand how the new standards will impact them. [A range of translated video resources](#) are available to assist consumers and their families understand what the aged care standards mean in practice. Currently, the translations are available in 25 languages. Given the changing cultural and linguistic landscape over time, and differences in demographics between States and Territories, it is important that such resources are regularly reviewed for language currency, taking into consideration English proficiency levels both in numerical and proportionate terms. For example, in Western Australia, language groups with higher numbers and proportions of older people with low levels of English proficiency for which the video resources are not available include Burmese, Indonesian, Malay, Persian and Punjabi.

8.5 Single Charter of Aged Care Rights

On 1 July 2019 a new Charter of Aged Care Rights was introduced to inform consumers of aged care of their rights when they receive residential care, home care packages, and flexible care services provided under the Commonwealth Home Support Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The Single Charter of Aged Care Rights is an important document that has replaced the multiple charters of Rights and Responsibilities. Providers are obliged to assist consumers of aged care to understand the new Charter of Rights and are required to obtain a signed copy of the charter from the consumer. The charter is also available in a range of [translated languages](#) in template form, suitable for signing. All aged care consumers have the right to have their identity, culture and diversity valued and supported. As noted previously, it is important that such information is available in languages that reflect the linguistic profile of each Australian jurisdiction.

9. A WA CaLD Seniors Consumer Guide

The 'WA CaLD Seniors' Consumer Guide', which is provided as an appendix, is based on the structure of the Aged Care Diversity Framework and its six consumer outcomes framing a specific action plan for older CaLD Western Australians accessing a range of social, aged care and human services. It identifies a series of inquiry areas that will empower all older people to experience equitable access and outcomes from social, health and aged care systems that embrace their diverse characteristics and life experiences including vulnerability status.

The system goals are:

1. making informed choices—accessible information about, and access to, the aged care, health, local government and human services system to facilitate equitable access and enable consumer choice
2. inclusive approaches to planning and operation—older people from CaLD backgrounds are active partners in the planning and operation of aged care, health, local government, community and human services systems so that they meet diverse needs
3. accessible care and support—aged care, health, local government, community and human services systems can be accessed wherever a person lives
4. a practical and flexible services system—aged care, health, local government, community and human services systems have culturally diverse workforces and respond to the needs of all Western Australians including those from both established and new and emerging communities
5. respectful and inclusive services—services effectively meet the needs and respond to the unique characteristics and experiences of clients, families and carers in a respectful and inclusive way
6. meeting the needs of the most vulnerable—quality and culturally safe and appropriate services are provided that respond to the personal, social and economic vulnerabilities.

This WA CaLD Seniors' Consumer Guide provides a series of actions that will support achievement of these system goals.



10. Conclusion

This report has drawn attention to the cycle of vulnerability that exists for older Western Australians from CaLD backgrounds, particularly older women.

There is still much to achieve in order to reduce the levels of vulnerability experienced by older CaLD Australians, and Western Australia is no exception. This report highlights the dynamic nature of Australia's, and Western Australia's, demographics, the impact of migration patterns on our ageing population, the importance of the analysis of data, and the impact of policies and programs, through a gendered and cultural lens.

The findings of this report reiterate the 2015 conclusion contained in the Federation of Ethnic Communities' Councils of Australia (FECCA) Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds:

Research into older people from CaLD backgrounds in general highlights that many older CaLD Australians have higher levels of disadvantage and other risk factors than older Anglo-Australians, and that these factors may affect their ageing experience in Australia.⁷⁵

It is evident that another iteration of the review is required in order to give the sector an updated position of the latest research into older CaLD Australians. Approaches need to be made that specifically address the general lack of CaLD-specific research being undertaken in areas such as dementia and the service provision needs of CaLD older people, and the need for tools to address the risk to people receiving aged care who do not have their cultural needs met. This is particularly relevant in light of the new quality standards that came into effect on 1 July 2019, which clearly state that consumers of aged care need to have their cultural needs met.

The analysis contained within the report also notes both the risks and the opportunities of digital technology: the potential to exclude some groups from accessing services and the potential to address social isolation through online connectivity.

Additionally, the report highlights the importance for aged care policies, programs and services that take into account the cultural and language needs of individuals and have the capability to adapt to the changing demographics of service users, their families and carers. The need to combat ageism, racial discrimination and to provide a financial safety net for older Western Australians from CaLD backgrounds who experience multiple vulnerabilities is also emphasised. It underscores the need to focus CaLD seniors' issues as a specific and identifiable component of policy, funding, service delivery and reporting processes rather than subsumed under a broad heading of inclusion or universality.

The report notes the importance of local governments in responding to the needs of their older community members in both metropolitan and regional areas, and their contribution to active ageing. The report also stresses the need for collaboration and partnership between all levels of government and all types of service providers, as well as ethnic and migrant organisations including peak bodies.

Perhaps most critically, the report underlines the importance of consultation with older people from CaLD backgrounds to understand their needs with the ultimate view of informing future policy and program development and service delivery. This should be coupled with ongoing monitoring and reporting of data to assess the extent to which older people from CaLD backgrounds are accessing services and if these services are providing culturally appropriate care and supports. Moreover, the State-based consultation process should feed into ongoing reform agendas for national aged care policy to ensure that a nationwide experience is considered in future reform.

11. Appendix

CaLD Seniors Consumer guide

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6
Making informed choices	Adopting inclusive approaches to planning and operation	Accessible care and support	A practical and flexible services system	Respectful and inclusive services	Meeting the needs of the most vulnerable
AN INDIVIDUAL'S OUTCOME	AN INDIVIDUAL'S OUTCOME	AN INDIVIDUAL'S OUTCOME	AN INDIVIDUAL'S OUTCOME	AN INDIVIDUAL'S OUTCOME	AN INDIVIDUAL'S OUTCOME
You should have easily accessible information about the aged care, health, local government and human services systems and be able to access services that you understand and find helpful so you can choose the services that are right for you.	You should be assisted to be an active partner in the planning and operation of the aged care, health, local government and human services systems to meet your diverse needs.	Wherever you live in rural, remote, regional and metropolitan Western Australia, you should have access to aged care, health, local government and human services and supports appropriate to your diverse characteristics and life experiences.	You should experience proactive and flexible aged care, health, local government and human services systems that respond to the needs of all Western Australians including new and emerging communities, including an increasingly diverse aged care and health care workforce.	You should experience positive outcomes from a range of services that effectively meet your needs, characteristics and life experiences, and those of your family and carers, in a respectful and inclusive way.	You should experience high quality and culturally safe services and supports from the aged care, health, local government and human services systems that meet your needs irrespective of your personal, social or economic vulnerabilities.
You can ask for access to information in your preferred format, whether it be in language of choice by an appropriately trained interpreter, written format in language of choice, video format or face-to-face engagement when dealing with aged care, health, local government and human services.	Good services will employ and train employees who are from different cultural backgrounds so they can provide care to people who come from similar backgrounds. This is important for aged care services so that people using these services can be understood and have their cultural needs met.	You have the right to be cared for by a person of choice. For example, a bilingual or bicultural worker who understands your care needs no matter where you live.	You should be able to access programs to increase your knowledge of how to use computers, tablets, or smart phones that are delivered in spaces where you feel comfortable surrounded by people that you can understand.	A good aged care service will provide you with opportunities to engage with your culture and/or language. This can be provided by using ethnic radio and television, such as SBS, or using the internet to connect you with YouTube videos in your language on the topic of your choice.	You have the right to make supported decisions in your language or communication method of choice. You have the right to be protected against abuse.
You can make a telephone call to My Aged Care for information on aged care and ask to be linked to an interpreter in your language of choice. You just need to say your language in English and the operator will connect you as soon as they can. The number is 1800 200 422.	You can ask to have your experience of living in Western Australia as an older person of culturally diverse background included in consultations that are carried out by government bodies (including your local council), parliamentarians and health and aged care experts. Your experience can be recorded in your language of choice.	Your doctor, pharmacist, real estate agent, local government, parliamentarian, trade union or non-government organisation are able to ask for an interpreter to assist you when you visit them to discuss your needs. You just need to let them know in advance. This is part of the government's Free Interpreting Service Program.	You should be able to access a range of activities that link you with people who you are able to identify with and feel comfortable with. The government has a program called the Commonwealth Home Support Program that provides opportunities for you to mix with people of the same cultural heritage and/or speak the same language.	A good aged care service will provide you with newspapers, books or magazines in your language of choice.	You have the right to affordable housing. The Western Australian Government has developed an Affordable Housing Action Plan for WA .

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6
<p>You have the right to understand what the new aged care quality standards mean.</p> <p>The Aged Care Quality and Safety Commission has produced videos in a range of languages.</p>	<p>You have the right to be a participant in all review and accreditation processes by the Aged Care Quality and Safety Commission.</p>	<p>You can ask to be linked with services such as the Aged Care System Navigator in your area to help you understand how to access aged care.</p>	<p>You should be able to access services that use different ways of communicating with people from different backgrounds so that they can deliver their messages in a way that makes sense to you.</p>	<p>A good aged care or health service will provide you with meals that you are able to eat that meet your cultural and nutritional needs.</p>	<p>If you feel unsafe in any aged care service that you receive, you have the right to an advocate through the Older Person's Advocacy Network (OPAN). The advocacy body for Western Australia is Advocare. The phone number is (08) 9479 7566.</p>
<p>You have the right to be supported to make a complaint if you are not happy with the care and support that you are receiving. You can call 1800 951 822 and ask to be connected to an interpreter in your language of choice. Just say your language in English. Alternatively, you make a complaint online.</p>	<p>You can ask any aged care or health provider such as a doctor or specialist to make sure that your cultural, linguistic, spiritual, faith and social needs are included in your care plan.</p>	<p>If you are in aged or health care away from your family, you can ask the service to help you to remain in contact with them through the use of technology, such as Skype or FaceTime or telephone.</p>	<p>People who are tasked to provide and manage services to you should receive special training on the <i>Equal Opportunity Act 1984</i>.</p>	<p>A good aged care or health service will provide you with a volunteer visitor who can speak your language and can help you to feel less lonely while in the care of the service. The Community Visitors' Scheme is one of these services that operates in residential aged care or home care.</p>	<p>If you are feeling unsafe in your home, in a place that you are receiving care such as an aged care home or in hospital, or anywhere you are, you can call the WA Elder Abuse Helpline: 1300 724 679. If you feel that your life is threatened, then you must call 000 immediately.</p>
<p>You can ask for the Charter of Aged Care Rights to be made available to you in your language of choice.</p>	<p>You can ask for help to provide feedback in your language of choice on any services that you receive.</p>	<p>Wherever you live in Western Australia, you have the right to receive aged care services and supports. For information on where you can find services in your area you can contact My Aged Care.</p>	<p>You can ask a service how they come to understand how to meet the needs of culturally diverse Western Australians and what they are currently doing to meet those needs in their service. This can be an aged care provider, a health professional working in a hospital or clinic or a person working in government.</p>	<p>A good aged care service will provide you with a translated copy of the Charter of Aged Care Rights if you wish to read it in your language of choice.</p>	
<p>You can ask your local council for information on your area and what the council's services are for people who do not speak English very well.</p>	<p>When you are dealing with services, you can ask for a person to help you when making decisions about your health, aged care, legal or financial needs. This can be a family member that you trust or an independent person.</p>		<p>A good service will provide someone who understands your culture and who can speak your language to care for you.</p>	<p>A good aged care service will help you to remain connected with your faith.</p>	

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6
Your doctor, pharmacist, real estate agent, local government, parliamentarian, trade union or non-government organisation are able to ask for an interpreter to assist you when you visit them to discuss your needs. You just need to let them know in advance. This is part of the government's Free Interpreting Service Program .	When professional people are assessing your care or health needs, you can ask to be assessed in a way that you are able to understand. This is called 'culturally inclusive assessment'.		A good service will be able to tell you how they train their staff members to understand the needs of people who come from diverse cultural backgrounds.	A good aged care service will arrange for you to participate in cultural activities that are important to your way of life.	
If you are residing in an aged care facility, you can ask to have signs available to locate different areas of the complex in your language of choice.	You can ask services how they know that your cultural and language needs are being met.		A good service will be able to tell you how they find people to work for them who are able to care or give advice to people from culturally and linguistically diverse backgrounds.		
You can ask your aged care or health provider for the names of organisations that are able to help and support you.					



Table 13: Acronyms and definitions

Acronym/Term	Definition
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACFA	Aged Care Financing Authority
ATSI	Aboriginal and Torres Strait Islander
ADII	Australian Digital Inclusion Index
CaLD	Culturally and linguistically diverse
CCSP	Commonwealth Continuity of Support Program
CHSP	Commonwealth Home Support Program
CDC	Consumer Directed Care
CoB	Country of birth
COTA	Council on the Ageing
EOC	Equal Opportunity Commission
FECCA	Federation of Ethnic Communities' Councils of Australia
HAAG	Housing for the Aged Action Group
LGA s	Local Government Areas
LOTE	Language other than English
MESC	Main English-Speaking Country
NACA	National Aged Care Alliance
NDIS	National Disability Insurance Scheme
NMESC	Non-Main English-Speaking Country
OMI	Office of Multicultural Interests
RAS	Regional Assessment Service
WHO	World Health Organization

Table 14: Most common ancestry responses of people from CaLD backgrounds by age group since 2006 (percentage)

CaLD 55+ years				CaLD 65+ years				CaLD 85+ years			
2016		2006		2016		2006		2016		2006	
Chinese	15.2	Italian	20.7	Italian	19.3	Italian	25.5	Italian	27.1	Italian	24.5
Italian	14.0	Chinese	9.6	Chinese	12.0	Dutch	9.3	Dutch	9.4	Dutch	10.8
English	9.5	Dutch	9.6	Dutch	8.8	English	8.5	English	8.1	English	9.4
Dutch	6.7	English	8.4	English	8.7	Chinese	7.1	German	7.0	Polish	6.3
Indian	5.9	German	6.8	German	6.5	German	6.8	Chinese	6.4	Chinese	5.7
German	5.4	Polish	4.4	Indian	4.7	Polish	4.1	Polish	4.7	German	5.5
Polish	3.7	Indian	3.6	Polish	4.0	Croatian	3.8	Indian	3.5	Croatian	3.4
Vietnamese	2.9	Croatian	3.4	Croatian	3.3	Indian	3.0	Greek	3.1	Indian	2.9
Croatian	2.8	Greek	2.5	Greek	2.4	Greek	3.0	Croatian	2.7	Greek	2.6
Filipino	2.6	Serbian	1.9	Portuguese	2.2	Macedonian	2.0	Portuguese	1.8	Serbian	2.0
Portuguese	2.3	Macedonian	1.9	French	1.9	Serbian	1.9	Irish	1.7	French	1.9
Scottish	2.2	Portuguese	1.9	Macedonian	1.9	Portuguese	1.8	Scottish	1.6	Irish	1.8
French	1.9	French	1.9	Scottish	1.9	French	1.7	French	1.5	Ukrainian	1.4
Greek	1.8	Irish	1.6	Vietnamese	1.8	Irish	1.7	Macedonian	1.5	Burmese	1.3
Burmese	1.8	Scottish	1.5	Irish	1.7	Scottish	1.4	Austrian	1.5	Vietnamese	1.3

Most common responses of older people (65+ and 85+ years) from NMES countries included European ancestry such as Italian, Dutch, German, Polish, and Asian ancestries of Chinese and Indian (Table 14). Compared to 2006, those identified with Chinese ancestry became the second largest group for people aged 65 years and over replacing Dutch descendants in 2016. Those identified with English ancestry remained mostly consistent at third or fourth place over time and for both cohorts (85+ and 65+ years). For those aged 85 years and over, the top four ancestry responses remained European although those identified with German ancestry became the fourth largest group replacing Polish descendants.

On the other hand, for 55+ years group, Chinese ancestry is the most common response in 2016 replacing Italian at second place. Similarly, those identified with Indian ancestry became the fifth largest group surpassing German and Polish descendants. Additionally, the representation of people from Asian ancestry expanded from two to five groups when compared with 2006. The Indian and Chinese ancestry groups have figured since 2006, but Filipino and Vietnamese first appeared in 2011, and Burmese ancestry appeared in the top 15 group for the first time in 2016. This trend is consistent with birthplace data, except that the proportion for respective ancestry is higher compared to that of birthplace.

Table 15: Personal weekly income of Western Australians by category, gender, age and income brackets since 2006 (percentage)

Income/week	55–64 years		65–74 years		75–84 years		85+ years		55+ years	
CaLD 2016	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	8.7	19.0	7.9	11.3	5.7	8.0	5.1	4.7	7.6	13.5
\$1–\$499	21.4	33.2	46.3	55.8	60.7	65.7	61.3	63.7	39.8	48.4
\$500–\$999	20.7	23.0	21.9	19.5	18.5	14.9	16.4	14.0	20.5	19.7
\$1000–\$1999	30.1	18.0	14.7	7.5	6.6	3.5	5.1	2.9	18.8	10.9
\$2000+	16.8	4.5	6.2	2.1	2.6	1.3	2.3	1.2	9.6	2.9
Not stated	2.2	2.3	3.1	3.8	5.8	6.7	10.2	13.8	3.6	4.5
CaLD 2006	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	4.2	12.0	3.8	6.0	2.7	3.8	3.8	3.3	3.8	8.1
\$<400	28.1	48.3	63.4	74.0	71.1	76.4	67.3	70.6	48.1	62.8
\$400–\$999	35.6	27.4	20.2	12.3	15.2	10.3	13.9	10.2	26.4	18.5
\$1000–\$1999	22.1	7.5	5.6	2.1	2.5	1.2	2.8	1.2	12.8	4.3
\$2000+	6.8	1.1	2.1	0.6	0.8	0.3	0.8	0.3	4.1	0.8
Not stated	3.3	3.7	5.0	5.1	7.7	7.7	11.5	14.7	4.9	5.6
MESC 2016	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	5.7	13.2	4.2	6.1	2.8	3.2	2.3	2.8	4.5	8.5
\$1–\$499	14.1	26.2	42.2	56.8	56.9	60.3	51.8	53.0	32.6	44.7
\$500–\$999	16.2	25.6	27.2	23.6	25.2	22.5	23.3	21.8	21.8	23.7
\$1000–\$1999	36.6	26.2	16.3	7.8	6.8	5.1	7.8	5.2	23.3	14.6
\$2000+	25.3	6.8	6.9	1.9	1.9	1.5	1.7	1.4	14.0	3.8
Not stated	2.1	2.0	3.3	3.8	6.5	7.4	13.0	16.0	3.7	4.8
MESC 2006	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	3.2	11.3	1.7	3.1	1.2	2.0	1.5	2.3	2.4	6.7
<\$400	21.4	43.0	59.1	74.7	64.4	72.6	57.5	66.6	40.5	59.0
\$400–\$999	35.6	31.9	27.0	15.4	23.9	14.9	22.7	12.6	30.7	22.8
\$1000–\$1999	27.5	9.5	6.5	1.9	3.5	1.5	5.0	1.1	16.7	5.3
\$2000+	10.0	1.3	2.3	0.5	0.9	0.5	0.7	0.3	5.9	0.8
Not stated	2.4	3.0	3.4	4.4	6.3	8.7	12.9	16.9	3.7	5.4
Australia-born 2016	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	4.8	11.2	4.0	5.4	2.5	2.8	2.2	2.7	4.1	7.4
\$1–\$499	17.5	29.6	39.6	52.7	52.6	59.5	46.7	47.9	31.0	42.9
\$500–\$999	18.5	25.9	26.9	25.4	25.6	21.7	24.9	23.6	22.5	24.9
\$1000–\$1999	34.1	24.0	18.3	9.4	9.1	5.2	9.5	5.1	24.3	15.1
\$2000+	22.4	6.9	7.6	2.8	3.7	2.0	3.2	1.7	14.1	4.5
Not stated	2.6	2.3	3.6	4.1	6.6	8.9	13.4	19.0	4.0	5.2
Australia-born 2006	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Negative/nil	3.1	9.6	2.0	3.1	1.4	2.0	2.0	1.9	2.5	5.8
<\$400	22.5	43.1	54.2	68.9	58.3	69.0	51.6	64.1	38.5	56.8
\$400–\$999	36.9	32.1	29.5	19.2	27.3	16.8	25.8	14.2	32.8	24.2
\$1000–\$1999	25.4	10.0	7.5	3.1	4.6	2.1	5.4	1.8	16.2	6.0
\$2000 or more	9.0	1.8	1.5	0.6	0.5	0.4	0.1	0.1	11.2	2.8
Not stated	3.1	3.4	2.2	2.9	2.2	4.0	1.0	3.1	8.4	13.5

Table 16: Number of CaLD older people by top LGAs and percentage change during inter-census periods

LGAs 2016	CaLD 55+	LGAs 2011	CaLD 55+	Change 2011–2016 (%)	LGAs 2006	CaLD 55+	Change 2006–2011 (%)
Stirling (C)	14,996	Stirling (C)	13,729	9.2	Stirling (C)	12,323	11.4
Wanneroo (C)	7847	Melville (C)	6068	38.5	Melville (C)	5004	39.4
Melville (C)	7054	Joondalup (C)	5988	16.2	Joondalup (C)	4901	21.3
Canning (C)	6857	Canning (C)	5671	20.9	Bayswater (C)	4817	27.3
Gosnells (C)	6789	Wanneroo (C)	5666	29.0	Canning (C)	4456	30.3
Joondalup (C)	6728	Bayswater (C)	5334	12.4	Cockburn (C)	4214	22.2
Swan (C)	6272	Gosnells (C)	5262	26.1	Wanneroo (C)	4064	25.8
Cockburn (C)	6087	Cockburn (C)	5195	17.2	Gosnells (C)	4038	23.3
Bayswater (C)	5624	Swan (C)	4975	5.4	Swan (C)	3954	10.7
Armadale (C)	2769	Vincent (T)	2336	30.4	Vincent (T)	2409	17.2
Rockingham (C)	2665	Kalamunda (S)	2238	19.9	Kalamunda (S)	1961	25.4
South Perth (C)	2386	Rockingham (C)	2222	22.8	Belmont (C)	1925	20.0
Kalamunda (S)	2347	Armadale (C)	2123	4.9	Fremantle (C)	1889	14.1
Belmont (C)	2268	Belmont (C)	2039	11.2	Armadale (C)	1812	5.9
Vincent (C)	2210	Fremantle (C)	2020	-5.4	Rockingham (C)	1772	-3.0
Fremantle (C)	1893	South Perth (C)	1943	-6.3	South Perth (C)	1619	6.9
Victoria Park (T)	1711	Victoria Park (T)	1548	10.5	Victoria Park (T)	1401	10.5
Mundaring (S)	1424	Mundaring (S)	1320	7.9	Mundaring (S)	1215	8.6
Nedlands (C)	1291	Nedlands (C)	1085	19.0			
Cambridge (T)	1133						
Perth (C)	1079						
Kwinana (C)	1062						

Table 17: Ranking of LGAs by CaLD older people as percentage of total local population of the same age since 2006

2016 Top ranking LGAs	CaLD 55+ % of local 55+	2011 Top ranking LGAs	CaLD 55+ % of local 55+	2006 Top ranking LGAs	CaLD 55+ % of local 55+
Bayswater (C)	32.5	Vincent (T)	38.1	Vincent (T)	43.9
Vincent (C)	32.0	Bayswater (C)	33.5	Bayswater (C)	33.2
Canning (C)	31.9	Canning (C)	29.0	Cockburn (C)	28.8
Stirling (C)	27.4	Cockburn (C)	28.6	Stirling (C)	26.8
Perth (C)	26.8	Stirling (C)	27.7	Fremantle (C)	26.7
Cockburn (C)	26.5	Fremantle (C)	25.2	Canning (C)	26.4
Gosnells (C)	26.3	Belmont (C)	24.4	Belmont (C)	24.1
Belmont (C)	24.3	Gosnells (C)	23.6	Swan (C)	23.6
Swan (C)	22.8	Swan (C)	23.6	Gosnells (C)	22.0
Melville (C)	22.8	Melville (C)	21.8	Victoria Park (T)	20.8
Wanneroo (C)	22.2	Victoria Park (T)	21.4	Wanneroo (C)	20.5
Victoria Park (T)	21.3	Wanneroo (C)	21.4	Melville (C)	19.8
Fremantle (C)	20.8	South Perth (C)	18.5	Mandurah (C)	19.5
South Perth (C)	20.2	Nedlands (C)	18.1	South Perth (C)	17.2
Nedlands (C)	19.6	Joondalup (C)	16.2	Joondalup (C)	16.0

Table 18: Ranking of LGAs by CaLD older people as% of total CaLD population in each LGA since 2006

2016 Top LGAs	CaLD 55+ % CaLD pop	2011 Top LGAs	CaLD 55+ % CaLD pop	2006 Top LGAs	CaLD 55+ % CaLD pop
Mundaring (S)	47.6	Fremantle (C)	51.0	Fremantle (C)	53.6
Fremantle (C)	46.8	Mundaring (S)	49.4	Mandurah (C)	52.9
Joondalup (C)	38.8	Kalamunda (S)	43.5	Mundaring (S)	51.0
Nedlands (C)	35.4	Mandurah (C)	40.4	Armadale (C)	49.2
Melville (C)	34.7	Joondalup (C)	36.4	Kalamunda (S)	49.0
Mandurah (C)	33.8	Rockingham (C)	35.4	Vincent (T)	44.9
Kalamunda (S)	33.3	Vincent (T)	34.9	Rockingham (C)	41.0
Bayswater (C)	32.0	Bayswater (C)	33.8	Bayswater (C)	40.1
Vincent (C)	31.7	Melville (C)	32.8	Belmont (C)	38.2
Cockburn (C)	29.4	Armadale (C)	32.7	Cockburn (C)	37.2
Rockingham (C)	29.2	Cockburn (C)	32.6	Stirling (C)	36.6
Stirling (C)	28.8	Nedlands (C)	31.7	Joondalup (C)	33.8
Swan (C)	24.9	Stirling (C)	31.3	Melville (C)	30.9
South Perth (C)	24.7	Swan (C)	30.1	Gosnells (C)	30.5
Wanneroo (C)	24.4	Wanneroo (C)	24.5	Swan (C)	30.5
Belmont (C)	19.8	Belmont (C)	23.6	Wanneroo (C)	26.7
Armadale (C)	19.4	Gosnells (C)	22.9	Canning (C)	23.9
Canning (C)	19.4	South Perth (C)	21.7	Victoria Park (T)	23.4
Gosnells (C)	19.1	Canning (C)	20.2	South Perth (C)	22.3
Victoria Park (T)	17.8	Victoria Park (T)	17.6		

Table 19: Top regional LGAs by number of CaLD older people and percentage change during inter-census periods

LGAs 2016	CaLD 55+	LGAs 2011	CaLD 55+	Change 2011–16	LGAs 2006	CaLD 55+	Change 2006–11
Albany (C)	984	Albany (C)	929	5.9	Bunbury (C)	856	14.1
Bunbury (C)	898	Bunbury (C)	902	-0.4	Albany (C)	814	5.4
Greater Geraldton (C)	674	Greater Geraldton (C)	596	13.1	Greater Geraldton (C)	585	1.9
Busselton (C)	650	Busselton (C)	503	29.2	Busselton (C)	413	21.8
Harvey (C)	537	Harvey (C)	464	15.7	Harvey (C)	413	12.3
Kalgoorlie-Boulder (C)	457	Kalgoorlie-Boulder (C)	385	18.7	Kalgoorlie-Boulder (C)	307	25.4
Murray (S)	338	Murray (S)	321	5.3	Murray (S)	276	16.3
Northam (S)	319	Northam (S)	315	1.3	Manjimup (S)	272	25.5
Capel (S)	284	Manjimup (S)	292	-3.8	Northam (S)	251	7.3
Manjimup (S)	281	Roebourne (S)	244		Collie	230	-3.5
Augusta-Margaret River (S)	227	Collie (S)	222				
Dardanup (S)	227	Carnarvon (S)	207				
Karratha (C)	210						
Denmark (S)	200						

Table 20: Ranking of LGAs by number of CaLD people aged 55+ years with low English proficiency, 2016

LGAs	CaLD 55+ years	LGAs	CaLD 55+ years	LGAs	CaLD 55+ years
Stirling (C)	3044	South Perth (C)	298	Mundaring (S)	60
Wanneroo (C)	1786	Victoria Park (T)	280	Albany (C)	50
Gosnells (C)	1400	Rockingham (C)	219	Serpentine-Jarrahdale (S)	43
Canning (C)	1322	Perth (C)	111	Carnarvon (S)	35
Cockburn (C)	1218	Kalamunda (S)	109	Harvey (S)	30
Swan (C)	1202	Kwinana (C)	95	Katanning (S)	30
Bayswater (C)	1193	Subiaco (C)	90	Busselton (C)	28
Melville (C)	807	Bassendean (T)	81	East Fremantle (T)	28
Vincent (C)	590	Cambridge (T)	75	Kalgoorlie-Boulder (C)	27
Joondalup (C)	560	Mandurah (C)	74	Mosman Park (T)	27
Fremantle (C)	448	Bunbury (C)	81	Claremont (T)	24
Armadale (C)	354	Nedlands (C)	75		
Belmont (C)	350	Greater Geraldton (C)	74		

Figure 12: Ranking of LGAs based on absolute numbers (series 1) and percentage of low proficiency language speakers aged 55+ years from CaLD backgrounds to the total CaLD population in each LGA, 2016

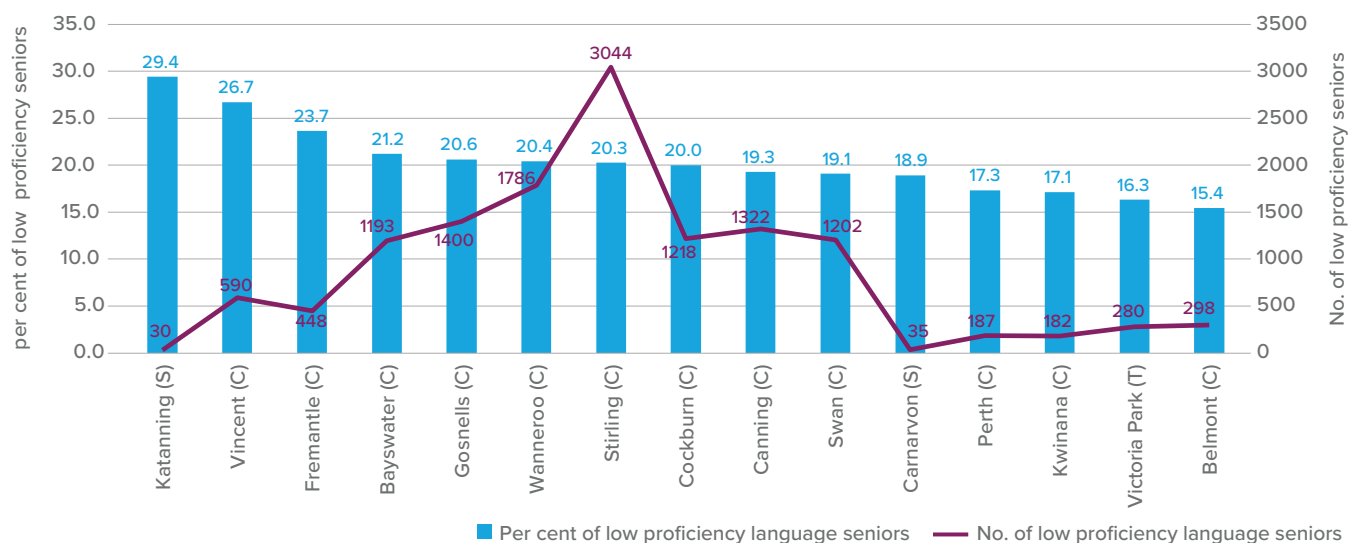


Figure 13: Mapping the top languages by number of Western Australians aged 55+ years with low English proficiency and LGAs, 2016

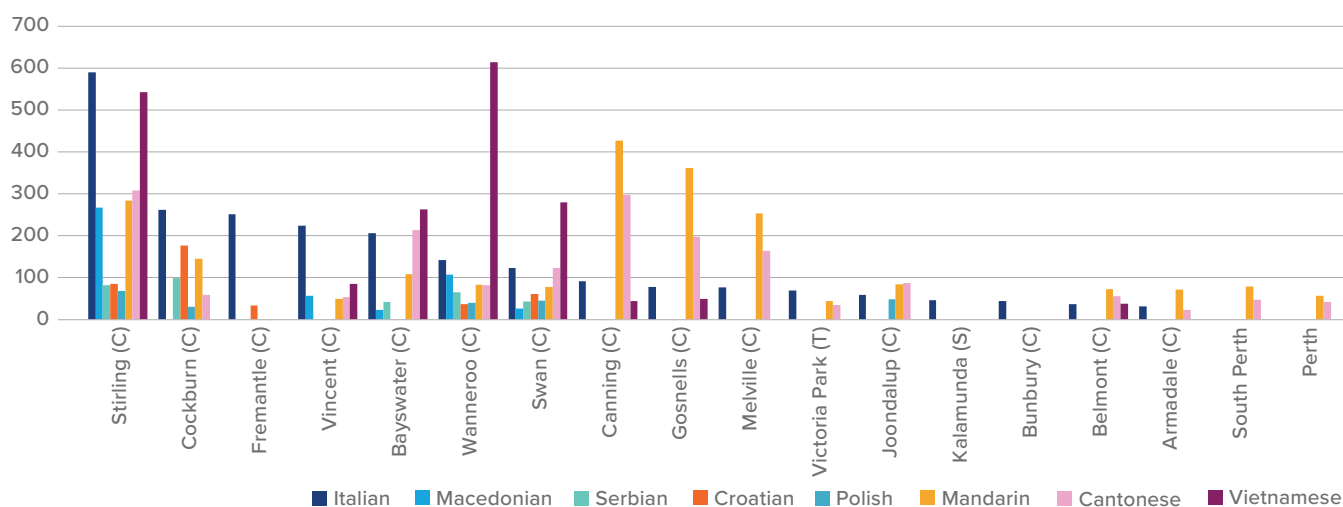
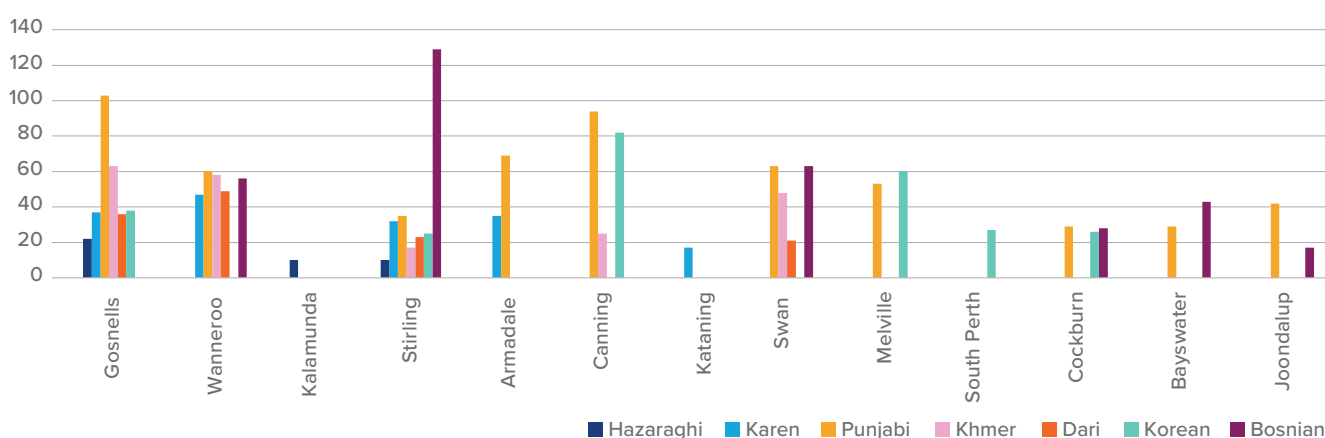


Figure 14: Mapping of top languages by percentage of Western Australians aged 55+ years with low English proficiency and LGAs, 2016



Endnotes

- 1 Australian Bureau of Statistics, <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>
- 2 Review of the National Ageing and Aged Care Strategy for people of CaLD backgrounds, https://agedcare.health.gov.au/sites/default/files/documents/11_2017/cald_review.pdf and Review Of The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy final report, 30 June 2017, https://agedcare.health.gov.au/sites/default/files/documents/11_2017/lgbti_ageing_and_aged_care_strategy.pdf
- 3 Australian Government, Department of Health, *Aged Care Diversity Framework*, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2017/aged_care_diversity_framework.pdf p. 1.
- 4 Ibid.
- 5 Office of Multicultural Interests (OMI), https://www.omi.wa.gov.au/StatsInfoGuides/Documents/lga_guides/Ageing_Report%28NR2%29.pdf
- 6 Office of Multicultural Interests (OMI), https://www.omi.wa.gov.au/StatsInfoGuides/Documents/lga_guides/Ageing_Summary_2011.pdf
- 7 Office of Multicultural Interests (OMI), <https://www.omi.wa.gov.au/Resources/Publications/Documents/Multicultural%20Café%20reports%202015%20-%202017.pdf>
- 8 *Aged Care Act 1997*—Section 11.3 refers to the people classified as Special Needs.
- 9 The terms referring to people aged over 55 years of age as described in the text are used by entities such as the World Health Organization, Australian Treasury, the ABS and AIHW.
- 10 Source: Office of Multicultural Interests (OMI), Multicultural Aged Care Consultation Reports https://www.omi.wa.gov.au/Resources/Publications/Documents/Multicultural-Café_Stirling-Report-of-Proceedings-and-Outcomes_21-June-2018.pdf
- 11 The Department of Health has introduced the disclosure of all services fees for Home Care Packages to be displayed on the My Aged Care website from 1 July 2019.
- 12 Note that Mandurah, a regional city, also falls in this category since 2006 although it is considered a part of Greater Perth city in 2016 by ABS.
- 13 Note that this graph also shows the number of language speakers because for policy makers and service providers, numbers are more meaningful to identify older people with low English proficiency although the importance of deriving the language speakers by both numbers and proportion of speakers cannot be overemphasised.
- 14 Baldassar & Pesman 2005, 'From Paesani to Global Italians: Veneto Migrants in Australia', Crawley: University of Western Australia Press.
- 15 MacKinnon, V. & Nelli, A (1996), 'Now we are in paradise, everything is missing', Footscray: Department of Nursing, Victoria University of Technology, 740.
- 16 ABS (2006), *Health Literacy, Australia*, 2006 (ABS cat. no. 4233.0).
- 17 Australian Government, myGov, Login services, <https://my.gov.au/LoginServices/main/login?execution=e1s1>
- 18 Australian Government, myagedcare, <https://www.myagedcare.gov.au/>
- 19 Malta, S, Wilding, R & Baldassar, L 'The digital divide: small, social programs can help seniors online,' *The Conversation*, 27 August, University of Melbourne and La Trobe University. <https://digitalinclusionindex.org.au/wp-content/uploads/2016/08/Australian-Digital-Inclusion-Index-2017.pdf>
- 20 Ibid.
- 21 Brodie M, Flournoy RE, Altman DE, Blendon RJ, Benson JM, Rosenbaum MD, 'Health information, the Internet, and the digital divide', *Health Affairs*, 2000;19(6):255–265. [PubMed].
- 22 Australian Human Rights Commission, 'A right to access the internet', <https://www.humanrights.gov.au/publications/background-paper-human-rights-cyberspace/8-right-access-internet>
- 23 Millard, A, Baldassar, L, & Wilding, R (2018), 'The significance of digital citizenship in the well-being of older migrants', *Public Health*, 158, 144–148. <https://doi.org/10.1016/j.puhe.2018.03.005>; Tyner, K (2014), 'Literacy in a Digital World: Teaching and Learning in the Age of Information', New York: Routledge. eBook available at: <https://doi.org/10.4324/9781410601971>; Neves, BB & Amaro, F (2012) 'Too old for technology? How the elderly of Lisbon use and perceive ICT', *The Journal of Community Informatics*, 8 (1): <http://ci-journal.net/index.php/ciej/article/view/800/904>; Xie, B (2011). 'Older Adults, e-Health Literacy and Collaborative Learning: An Experimental Study', *Journal of American Society for Information Science and Technology*, 62(5): 933–46.
- 24 Malta, S, Wilding, R and Baldassar, L 'The digital divide: small, social programs can help seniors online', *The Conversation*, 27 August, University of Melbourne and La Trobe University.
- 25 Tennant, B, Stellefson, M, Dodd, ., Chaney, B, Chaney, D, Paige, S and Alber, J (2015), 'eHealth literacy and web 2.0 health information seeking behaviors among baby boomers and older adults', *Journal of Medical Internet Research*, 17(3).
- 26 World Health Organization (WHO) 2002, Active Aging: A Policy Framework, http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf
- 27 Narushima, N, Liu, J & Diestelkamp, D (2018), 'Lifelong learning in active ageing discourse: its conserving effect on wellbeing, health and vulnerability', *In Ageing and Society* 38(4): 651–674, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5848758/>
- 28 Biggs, S (2005) 'Beyond appearances: perspectives on identity in later life and some implications for method', *Journals of Gerontology*, Series B: Psychological Sciences and Social Sciences, 60(3), S118–128.
- 29 Malta, S, Wilding, R and Baldassar, L 'The digital divide: small, social programs can help seniors online', *The Conversation*, 27 August, University of Melbourne and La Trobe University Malta et al 2018; Warburton, J, Bartlett, H, & Rao, V (2009), Ageing and cultural diversity: Policy and practice issues *Australian Social Work*, 62(2), 168–185 Warburton et al 2013.
- 30 Baldassar, L, & Andersen, AMJ (2018) Evaluation Project Report: Stories and Skills—Across the Generations, The University of Western Australia, Perth.
- 31 Thomas, S, Mackintosh, S and Halbert, J (2010) 'Does the 'Otago exercise programme' reduce mortality and falls in older adults? A systematic review and meta-analysis', *Age and Ageing*, 39(6), 681–687.
- 32 Malta, S, Wilding, R & Baldassar, L 'The digital divide: small, social programs can help seniors online', *The Conversation*, 27 August, University of Melbourne and La Trobe University; Choi, G and Dinitto, DM (2013). 'The digital divide among low-income homebound older adults: Internet use patterns, eHealth literacy, and attitudes toward computer/Internet use', *Journal of Medical Internet Research*, 2;15(5):e93. doi: 10.2196/jmir.2645; Brodie M, Flournoy RE, Altman DE, Blendon RJ, Benson JM, Rosenbaum MD, Health information, the Internet, and the digital divide, *Health Affairs*, 2000;19(6):255–265. [PubMed] [Google Scholar].
- 33 Malta, S, Wilding, R & Baldassar, L 'The digital divide: small, social programs can help seniors online'. *The Conversation*, 27 August, University of Melbourne and La Trobe University

- 34 Malta, S, Wilding, R & Baldassar, . 'The digital divide: small, social programs can help seniors online'. *The Conversation*, 27 August, University of Melbourne and La Trobe University.
- 35 Equal Opportunity Commission (2018), Age is not a use by date: A snapshot of the experiences of discrimination among Western Australia's seniors, p. 6.
- 36 Special Broadcasting Service, *Ageing without a home*, July, 5, 2017, <https://www.australiantrainingawards.gov.au/award/employer-of-the-year-award>
- 37 Equal Opportunity Commission (2018), Age is not a use by date: A snapshot of the experiences of discrimination among Western Australia's seniors, p. 10.
- 38 *ibid*.
- 39 <https://www.sbs.com.au/topics/life/culture/article/2017/06/29/ageing-without-home>
- 40 HAAG, Aged Care Homelessness action plan, <https://www.older tenants.org.au/i-want-change/projects/aged-care-homelessness-action-plan>
- 41 Every Age Counts, https://d3n8a8pro7vnmx.cloudfront.net/benevolent/pages/383/attachments/original/1546405713/EveryAGE_Counts_Summary_Sept_18.pdf?1546405713
- 42 Warburton, J, Bartlett, H, & Rao, V (2009), 'Ageing and cultural diversity: Policy and practice issues', *Australian Social Work*, 62(2), 168–185; Grenade, L, & Boldy, D (2008), 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', *Australian Health Review*, 32(3), 468–478
- 43 World Health Organisation, *Age-friendly world*, <https://extranet.who.int/agefriendlyworld/>
- 44 Baldassar, Stevens, Millard, 2017.
- 45 Baldassar, Stevens, Millard, 2017.
- 46 Russell, Campbell & Hughes, 2008: 78.
- 47 Commonwealth of Australia (Department of Health) (2017). Legislated Review of Aged Care 2017. Available from https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf
- 48 Aged Care Financing Authority | Annual Report on the Funding and Financing of the Aged Care Industry – 2019, p. 37
- 49 *Ibid*.
- 50 Baldassar, L & Wilding, R, Ageing and New Media Project, Australian Research Council DP160102552
- 51 McKinnon (1998).
- 52 Baldassar and Pesman, 2005; Cosmini Rose, 2017.
- 53 Department of Health, 2017.
- 54 Office of Multicultural Interests (OMI) https://www.omi.wa.gov.au/Resources/Publications/Documents/Multicultural-Café_Stirling-Report-of-Proceedings-and-Outcomes_21-June-2018.pdf
- 55 WHO 2015.
- 56 Baldassar, L & Wilding, R, Ageing and New Media Project, Australian Research Council DP160102552
- 57 Department of Health 2017.
- 58 Australian Institute of Health and Welfare. Dementia in Australia. Canberra: AIHW, 2012.
- 59 Australian Bureau of Statistics (2018). Causes of Death, Australia, 2017 (cat. no. 3303.0).
- 60 Dementia Australia (2018). Dementia Prevalence Data 2018-2058, commissioned research undertaken by The National Centre for Social and Economic Modelling [NATSEM], University of Canberra.
- 61 Dementia Australia, 2019-20 Pre-budget Submission Western Australia, *Designing a new future—Diagnosis and Beyond, December 2018*, available at https://www.dementia.org.au/files/submissions/Dementia-Australia_WA_Pre-Budget-submission-2019-20.pdf
- 62 *Ibid*.
- 63 Aged Care Financing Authority.
- 64 Federation of Ethnic Communities' Councils of Australia, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, March 2015.
- 65 Wiles et al 2012.
- 66 Baldassar et al 2007; FECCA 2015.
- 67 Equal Opportunity Commission (2018). Age is not a use by date: A snapshot of the experiences of discrimination among Western Australia's seniors.
- 68 Federation of Ethnic Communities' Councils of Australia, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, March 2015.
- 69 Principe, I (2015), Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds: A Scoping Study for the Health Performance Council. Available from; https://www.hpcs.com.au/files/651_cald_scoping_study_final.pdf
- 70 National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CaLD) Backgrounds https://agedcare.health.gov.au/sites/default/files/documents/07_2015/dss1582_aged_care_strategy_cald_a4_vaccessible.pdf
- 71 COTA National Policy Forum 2013: Rights, respect, recognition: a new deal for older Australians https://www.cota.org.au/wp-content/uploads/2017/12/Pino_Migliorino_speech.pdf
- 72 Office of Multicultural Interests, *Multicultural Café Aged Care Consultation Forums, Report of proceedings and outcomes 2015-2017*, <https://www.omi.wa.gov.au/Resources/Publications/Documents/Multicultural%20Caf%C3%A9%20reports%202015%20-%202017.pdf>
- 73 Australian Government, Department of Health, *Aged Care Diversity Framework*, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2017/aged_care_diversity_framework.pdf, p. 2.
- 74 Aged Care Quality and Safety Commission, *Guidance and Resources for Providers to support the Aged Care Quality Standards*, May 2019, p. 10.
- 75 Federation of Ethnic Communities' Councils of Australia, *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, March 2015.
- 76 Note that these languages are identified by number of Western Australians speaking these languages at home by their level of low English proficiency as proportion of total language speakers of the same age. For service delivery and other purposes, their numbers in each LGAs are indicated.

