

Review of Australian Research on Older People from
Culturally and Linguistically Diverse Backgrounds
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Foreword

I am pleased to present this report from the research commissioned by the Federation of Ethnic Communities' Councils of Australia (FECCA). The Australian Population and Migration Research Centre, University of Adelaide, reviewed the Australian research on older people from culturally and linguistically diverse (CALD) backgrounds to promote translation of research into CALD aged care practices. This report, its accompanying report briefs, and a fully searchable database are the outcomes of the review.

Aged care is one of FECCA's key priorities, and we have continued to grow FECCA's place in aged care policy for older people from CALD backgrounds. FECCA was a significant contributor to the development of the *National Ageing and Aged Care Strategy for People from CALD Backgrounds*, released by the Australian Government in 2012. We are pleased that the Government is committed to implementing the Strategy.

Through a dedicated policy team and our extensive representation on a number of Government advisory groups, FECCA continues to work with stakeholders to ensure positive outcomes for older CALD Australians.

The research reported here highlights the diversity of the ageing experience for older CALD Australians while also noting the similarities. Themes consistently arose about barriers and disadvantage experienced by older people from CALD backgrounds. Importantly, the research has identified where there are gaps in knowledge.

Identifying gaps provides FECCA with a vision for future research with our partners in culturally appropriate care and services for older CALD Australians. Key among these is focusing on those groups which are not well represented in the research, such as new and emerging communities, and topic areas such as aged care workforce needs.

Finally, on behalf of FECCA, I would like to acknowledge and thank the research team, and those who served on the project advisory committee for the review. Their insights and contributions were invaluable.

I would particularly like to acknowledge the work of the late Professor Graeme Hugo. As Director of the Australian Population and Migration Research Centre he led the research team, and also served on the project advisory committee.

Joseph A Caputo OAM JP

FECCA Chair

March 2015

Executive summary

The 2011 Australian Census showed that over 1.34 million Australians aged over 50 were born overseas in a non-English speaking country. This represents almost 20% of all Australians in that age group. Australian research on older people from culturally and linguistically diverse (CALD) backgrounds has been sporadic.¹ Anecdotal evidence from service providers who work with older people from CALD backgrounds has shown that there are substantial barriers to accessing services, and there is a lack of understanding about providing culturally sensitive care.² There is a clear need for further research to help shape future policy and practice to meet the needs of the growing number and diversity of older people from CALD backgrounds.

In response, the Federation of Ethnic Communities' Councils of Australia (FECCA) commissioned the Australian Population and Migration Research Centre, University of Adelaide, to review the Australian research on older people from CALD backgrounds. The aims of the review were to identify the existing research evidence base about older CALD Australians and to identify gaps in the research, covering four broad topic areas:

- ▶ older people from CALD backgrounds in general;
- ▶ older people from CALD backgrounds with dementia;
- ▶ ageing and mental health issues for people from CALD backgrounds; and
- ▶ CALD carers and carers of older people from CALD backgrounds.

The project was overseen by FECCA's project advisory committee, including representatives from national peak bodies, the aged care service industry, government agencies and academic institutions. Material for the review was identified through a search of relevant literature databases, as well as calls for input from service providers and researchers working in the aged care sector. A total of 465 items were included in the review database after applying inclusion and exclusion criteria to all identified items.

This report is accompanied by:

- ▶ a searchable database that includes key findings and other relevant information about all items identified in this review. The database enables service providers, policy makers and researchers to access literature and research results in their particular area of interest. The database is available at www.fecca.org.au; and
- ▶ a series of report briefs on the specific topics covered in the review.

These resources enable service providers and policy makers to translate knowledge into culturally appropriate aged care practices. Identifying gaps in the current evidence base allows informed decisions to be made about future research into older CALD Australians.

Key findings

It is essential to recognise that the older people from CALD backgrounds in Australia are not a homogenous group; they encounter different outcomes based on individual experiences and backgrounds. This diversity means that understanding and meeting the needs of Australia's older people from CALD backgrounds is highly complex, and needs to be informed by research and evidence.

Research into **older people from CALD backgrounds in general** highlights that many older CALD Australians have higher levels of disadvantage and other risk factors than older Anglo-Australians, and that these factors may affect their ageing experience in Australia. The life course of migrants from CALD backgrounds, including migration circumstances, and the extent to which cultural traditions are maintained, play a role in health and wellbeing for older people from CALD backgrounds. Language and cultural issues emerged as a common source of difficulty. The literature identified that older people of refugee backgrounds are particularly vulnerable to physical and mental health issues.

The identified research in the **older people from CALD backgrounds with dementia** topic suggests that poor understanding of dementia and cultural stigma attached to dementia can lead to denial of the condition and/or delayed diagnosis for some older people from CALD backgrounds. Culturally sensitive assessment tools are needed, and should be used where they exist. Older people from CALD backgrounds are often excluded from dementia research due to language barriers, leading to gaps in the evidence base.

Research into **ageing and mental health issues** finds that older people from CALD backgrounds have a higher risk of mental health issues than other Australians. However, there is also evidence of under-use of mental health services by older people from CALD backgrounds. Access to culturally sensitive mental health information and services, as well as diagnostic tools, is important.

The research into **CALD carers and carers of older people from CALD backgrounds** recognises the need to meet the future demand for culturally competent care workers, including aged care workers who are from CALD backgrounds. In general, older people from CALD backgrounds rely more heavily on family members for support as they age, so there is an identified need for greater support for informal CALD carers. More research is required into meeting the language and cultural needs of older people from CALD backgrounds in residential care.

The review identifies the **research gaps** in the evidence base on older CALD Australians. There are gaps in research about particular CALD groups, including new and emerging communities, older people from refugee backgrounds, those who arrive in Australia at an older age, and people from smaller population groups or those who live in regional, rural or remote areas. There are also research gaps in particular topic areas including treatment and care options for older people from CALD backgrounds once a health diagnosis has been made, communications between CALD residents in aged care facilities and care workers, and increasing the proportion of people from CALD backgrounds in the aged care workforce. Recommendations are made to continue to grow the body of research, improve the comparability of results, increase the participation of older people from CALD backgrounds in research, mine existing data sources and maintain the currency of the research database to ensure service and practice decisions can be based on the best available evidence.

Conclusion

Changing practice in aged care settings is a complex process. A fundamental requirement is a sound understanding of evidence-based best practice, and targeted research to address gaps in required knowledge. This report examines both of these issues and provides a basis from which service providers and policy makers can consider targeted research and begin to examine necessary and appropriate strategies for practice improvement and change.

1. Older people from CALD backgrounds in Australia

Ageing in Australia for older people from CALD backgrounds

Almost one in three older Australians was born overseas, with a significant number of these coming from CALD backgrounds. The 2011 Australian Census shows that over 1.34 million Australians aged 50+ years were born in non-English speaking countries, which equates to almost 20% of all Australians aged 50 years and over.

Almost 40% of all migrants from non-English speaking countries are aged 50 years and over, compared to 32.4% of Australia's total population aged 50+ years. This is in part a result of post-war migration trends. In the 'old old' population, 18.5% of the 80+ population living in Australia were born in non-English speaking countries. Approximately 5% of all migrants from non-English speaking countries are aged 80+ years, compared to 3.9% of Australia's total population aged 80+ years.

For some CALD populations the issues of ageing and providing assistance to older community members are current realities. For example, 88.4% of all Australians born in Italy and 87.9% of Australians born in Greece are now aged 50 years and over. Those aged 80 years and over account for more than 15% of all Australians born in Latvia, Estonia, Lithuania, Ukraine, Italy, Poland, Slovenia and Hungary compared to 3.9% aged 80+ years for the total Australian population.

Table 1 shows the top 10 birthplace countries of older people from CALD backgrounds and the numbers of people by three older age groups at the 2011 Census. This shows that in the 'young old' age group of 50–64 years, three of the five top birthplaces are Asian countries, while the top five birthplaces in the 'old old' (80+) population are all European.

Table 1: Top 10 birthplaces of CALD immigrants by older age group, Australia, 2011

Age 50–64		Aged 65–79		Aged 80+	
Italy	55,351	Italy	74,732	Italy	33,819
China	50,554	Greece	47,243	Greece	11,876
Vietnam	48,296	Germany	30,333	Germany	11,590
Philippines	38,519	Netherlands	25,609	Netherlands	9,573
Germany	33,185	China	23,254	Poland	8,675
India	30,183	Croatia	16,397	China	8,399
Greece	28,749	India	15,900	India	4,770
Malaysia	27,809	Malta	15,643	Vietnam	3,770
Netherlands	26,183	Vietnam	11,485	Malta	3,556
Lebanon	22,911	Lebanon	9,699	Hungary	3,296

Source: ABS 2011 Census

The distribution of the older CALD population across Australia varies widely. Table 2 shows the number and proportion of Australia's total population born in non-English speaking countries aged 65+ across all states and territories. Not surprisingly, the greatest number of older people born in non-English speaking countries live in Australia's most populous states of New South Wales and Victoria. Approximately 20% of Australia's total 65+ population were born in non-English speaking countries. The last column in Table 2 shows that this proportion is higher in Victoria, Australian Capital Territory and New South Wales and substantially lower in Tasmania and Queensland.

Table 2: CALD population aged 65+ by State/Territory

	Number	% of Australia total 65+ CALD population	% of total 65+ population who were born in non-English speaking countries
New South Wales	221,552	36.6	21.8
Victoria	208,048	34.4	27.3
Queensland	61,155	10.1	10.7
South Australia	47,605	7.9	18.5
Western Australia	50,170	8.3	18.3
Tasmania	5,834	1.0	7.2
Northern Territory	2,140	0.4	17.7
Australian Capital Territory	9,010	1.5	23.6
Total	605,519	100.0	20.1

Source: ABS 2011 Census

The composition of the older CALD population within states and territories is important when planning and delivering aged care services. Appendix A shows the top 10 birthplace groups for people from CALD backgrounds aged 65 and over for each state and territory. In some states and territories, older people from CALD backgrounds are more concentrated within certain birthplace groups while in other locations there is greater diversity of birthplace groups.

Table 3 shows selected social characteristics from the 2011 Census of the top 10 non-English speaking birthplace groups aged 65+, compared with the total CALD and Anglo-Australian populations aged 65 and over. The variation across groups helps to highlight the diversity in needs and preferences for older people from CALD backgrounds. For example, 24% of all CALD migrants aged 65+ reported a need for assistance at the 2011 Census compared to 17% of the Anglo-Australian population aged 65 and over. However, those from Germany, the Netherlands and India reported much lower rates of needing assistance while rates were significantly higher for those born in Poland and Vietnam.

English language capacity influences access to and use of services, and this also differs between birthplace groups. More than 70% of people aged 65+ from China and Vietnam do not speak English well compared to less than five per cent of people aged 65+ from the Netherlands and Germany.

The rates of living alone among the 65+ population also vary across groups. Older immigrants from Asian countries, and also Greece, have lower rates of living alone compared to the total CALD population aged 65 and over, while older people from some European countries have higher rates of living alone.

Table 3: Selected characteristics of largest non-English speaking birthplace groups aged 65+ (and comparative groups aged 65+), Australia, 2011

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

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

Source: ABS 2011 Census

The use of the Internet was included because of increasing use of web-based media by government and business as a point of contact and information distribution. Overall, older people from CALD backgrounds have lower rates of internet connection at home than older Anglo-Australians, except for those from Asian countries¹.

Home ownership (without a mortgage) is higher among older people born in Italy, Greece, Croatia and Malta compared to other birthplace groups, particularly those from Asian countries. Rates of home ownership provide an indication of family assets, while also pointing to differing cultural norms and lengths of time living in Australia.

This brief overview of some of the variation in demographics of older people from CALD backgrounds across birthplace groups demonstrates the complexity in understanding and meeting the needs of Australia's older people from CALD backgrounds. It is vital that we understand this complexity not only to improve service delivery to the current older population but also to enable Australia to plan ahead for future service delivery needs.

1 Census data on Internet connection is collected at the household level, and having an Internet connection at home does not necessarily indicate use of the Internet. Therefore if multiple people are resident in a household it cannot be inferred that the older CALD person is actually using the Internet.

2. Review aims and methodology

Introduction

Australia's older population is growing rapidly and becoming more diversified. At the same time, Australia is reforming its aged care system, with a greater focus on community care, Consumer Directed Care (CDC) and a single gateway to services.⁴ Understanding and navigating the complex aged care system becomes a very important skill for all older people and their families. Navigating this system of aged care presents an even greater challenge for older people with limited English, little or no experience of using *any* formal aged care services, or who have a different cultural perspective of ageing and what it means to age well. An initial review of piloted CDC programs has recommended that the program evaluation should investigate whether and how CDC meets the specific needs of older people from culturally and linguistically diverse (CALD) backgrounds.⁵

There are substantial barriers and a lack of understanding in providing culturally sensitive care to meet the needs of the growing number and diversity of older people from CALD backgrounds.² Australian research on issues relating to older people from CALD backgrounds to date has been sporadic, leaving opportunities for building the evidence base in this area. Increasing the breadth and depth of research, along with synthesising and making the current research base accessible, will enable the translation of research into practice.¹

The overall aim of the review was to identify current evidence and any gaps in research and evidence about best practice in meeting the health, wellbeing, and social inclusion needs of older people from CALD backgrounds as they age.

An advisory committee including members who work in research, the aged care industry and government was convened by FECCA to provide input into all stages of this project. FECCA, in consultation with this advisory committee, identified four broad topic areas to be covered in the review:

1. Older people from CALD backgrounds in general;
2. Older people from CALD backgrounds with dementia;
3. Ageing and mental health issues for older people from CALD backgrounds; and
4. CALD carers and carers of older people from CALD backgrounds.

Methodology

A comprehensive search of available literature databases was undertaken. Stakeholders and researchers from aged care, health and other relevant services were also asked to contribute to the review. There was a strong response to these calls for input, highlighting the importance of the issue for those working in the aged care sector. A list of all organisations that provided input to the review is available in Appendix C. The review involved a five step methodology:

- ▶ Step 1: Identify the research available.
- ▶ Step 2: Filter identified literature for inclusion or exclusion in the review.
- ▶ Step 3: Review and catalogue all included items.
- ▶ Step 4: Summarise findings.
- ▶ Step 5: Identify gaps in the research base and potential areas for future research.

A more detailed description of each of the steps in the methodology is available in Appendix D.

3. Overview of review findings


There were 465 items included in the review as a result of the literature search and calls for input from stakeholders.

While the focus was on primary and secondary research, other sources such as reports, discussion pieces, policy and service provision documents were also included where they could add to the knowledge base about older CALD Australians. The primary research identified in this review includes a mix of research using qualitative and quantitative research methods with some studies ranging from a very small number of participants to tens of thousands of participants. The smaller, more in-depth studies give a deeper understanding of complex issues for older CALD Australians, such as how their migration experiences and life course impact on their wellbeing as they age in Australia, while larger studies provide statistically rigorous, more generalisable results.

There are some notable differences between older CALD Australians as a whole group and between different birthplace groups and this has implications for their wellbeing. Older people from CALD backgrounds face many challenges but the unique situations, experiences and preferences of different groups and individuals may vary greatly. Notwithstanding their diversity, there are several themes that emerge consistently across all topic areas of the review. These are:

- ▶ **Socioeconomic disadvantage** – *in general* older people from CALD backgrounds have poorer socioeconomic status compared to the older Anglo-Australian population.^{8, 9, 10} However, indicators of socioeconomic differences vary across groups, for example high rates of home ownership for older Greeks, higher rates of Internet access for older Chinese;
- ▶ **Language** – higher levels of English language ability have been found to be associated with better health, wellbeing and better social inclusion outcomes. The literature identifies a need for information to be available in the language of older people from CALD backgrounds, and for access to professional interpreters when required. In some cases translated materials may not be understood if literacy in a person's first language is poor;
- ▶ **Cultural translations** – in addition to language barriers, differing cultural practices and norms can lead to misdiagnoses, lack of understanding and barriers to service use;
- ▶ **Length of time in Australia** – has an influence on health and wellbeing outcomes, as well as help-seeking behaviours. Age at migration contributes to the life course and different experiences of ageing;
- ▶ **Lack of exposure to Australian services and systems** – there is a lack of knowledge in navigating Australian systems and services, particularly for migrants who arrive in Australia at an older age. Consequently, older CALD Australians have been found to present later with conditions such as dementia and cancer; and
- ▶ **A preference for family members to provide care** – exists among older people from CALD backgrounds from some cultures.^{11, 12} However the literature also highlights the need for caution in making the assumption that all migrant families 'look after their own'.^{13, 14}

Although the themes come up repeatedly in the literature across all review topics, these generalisations *do not* apply to *all* older people from CALD backgrounds. Given the diversity within and across the population of older CALD Australians, some birthplace groups or regions of origin, and some people within birthplace groups have different experiences to others from a similar background.^{1, 7} A National Seniors Australia report from 2011⁶ uses 2006 Census data to look at differences in characteristics such as marital status, rates of participation in the workforce, volunteering and living arrangements of older CALD Australians across the top 25 non-English speaking birthplace groups. An updated analysis using the most recent Census data could help inform improved planning and delivery of aged care services for older people from CALD backgrounds.



Many studies looked at older CALD migrants as a whole, comparing characteristics of wellbeing and health outcomes with people from English speaking backgrounds, while other studies focused on older people from CALD backgrounds from a particular birthplace group or region. The cultural groups with larger populations in Australia are better represented in the research evidence base. These include Chinese, Greek, Italian and Vietnamese birthplace groups. Other European groups including Polish and Dutch have received some research attention, while other research has tended to group European migrants by broad region such as Eastern or Western European.

Different states and territories and smaller regions within states and territories face different issues when it comes to providing appropriate care for older people from CALD backgrounds. While the format of this report is structured to discuss research findings across topic areas rather than geographical areas, different care priorities for older people from CALD backgrounds exist in different geographical areas because the composition of the older CALD population varies widely across areas. The 'location of study' field in the database allows users to search and filter research results to their geographic area of interest. Ageing is an issue for CALD communities all over Australia however the majority of research found for this review is based in the most populous states of New South Wales and Victoria.

Finally, while this review focuses on research published within the past 10 years (from 2003 onwards), key literature published before this period is also included and available in the literature database. This older literature is important as it shows when interest in older people from CALD backgrounds first became widely apparent in Australia, and many of the findings from this research remain relevant in the current context. While some literature about ethnicity and ageing first appeared in Australia in the 1970s, the mid-1980s to mid-1990s presented the first substantial body of research in this area.^{15, 16, 17, 18, 19, 20} This interest developed in response to the recognition that many of the culturally diverse migrants to Australia who arrived in the post-World War II period were approaching older age. The concerns and challenges associated with migrant ageing in the 1980s and 1990s remain valid today as migrants from the post-World War II era reach very old age and migrants from emerging communities age in Australia.

4. About the database

All of the items from the review have been compiled into a searchable database to help inform policy makers, researchers and service providers about the needs and preferences of older people from CALD backgrounds in ageing, and where there are gaps in knowledge. A template for items in the database is available at Appendix E, while the full database can be accessed at www.fecca.org.au.

Of the 465 items in the database, most were published from 2003 onwards. Items fell into the following categories:

- ▶ completed and current Australian studies specifically related to older people from CALD backgrounds and CALD ageing, concentrating on items published from 2003 to 2014;
- ▶ key Australian research published from 1970 onwards identified from the reference lists of more current research;
- ▶ seminal international studies identified from the reference lists of current Australian research were included where appropriate;
- ▶ journal articles, reports, books, book chapters, PhD and Masters theses, conference papers and service provision materials; and
- ▶ other studies that contain data relating to older people from CALD backgrounds, but that were not specifically on CALD issues – in particular large national datasets and longitudinal datasets such as the Household, Income and Labour Dynamics in Australia (HILDA), the Australian Longitudinal Study of Women's Health (ALSWH) and the Australian Census of Population and Housing, etc.

Table 4 shows the total number of items identified across each of the review topic areas. The 'Older people from CALD backgrounds in general' and 'CALD carers and carers of older people from CALD backgrounds' topic areas have been broken down into sub-topic areas as they are very broad in scope. Additionally, included items that did not fit in the four broad theme areas have been included separately as 'Older people from CALD backgrounds, miscellaneous'.

Table 4: Number of items included by topic area

Topic	Number of items
Older people from CALD backgrounds in general	
general wellbeing (physical activity, falls prevention, housing, quality of life perceptions)	52
physical health & disease (e.g. cancer, diabetes)	35
language and translation	11
social inclusion and engagement	16
statistics (demographic profiles of groups or areas)	8
general CALD (discussion papers/policy discussions)	44
Total Older people from CALD backgrounds in general	166
Older people from CALD backgrounds with dementia	
Total older people from CALD backgrounds with dementia	66
Ageing and mental health issues for older people from CALD backgrounds	
Total ageing and mental health issues for older people from CALD backgrounds	33
CALD carers and carers of older people from CALD backgrounds	
carers who are CALD	37
culturally appropriate care	26
general care	59
high level care	15
informal care	11
Total CALD carers and carers of older people from CALD backgrounds	148
Older people from CALD backgrounds, miscellaneous	
biomedical	10
dental	10
researching CALD	14
news/opinion piece	10
Internet resources	8
Total older people from CALD backgrounds, miscellaneous	52
Total included items	465

5. Older people from CALD backgrounds in general

Key findings

- ▶ Preferences for ageing well, including options for care when ageing, vary from culture to culture.
- ▶ Language is a major barrier to accessing information and services for some older people from CALD backgrounds.
- ▶ Social isolation of older people from CALD backgrounds can result from the assumption they will be cared for by their family members.

Introduction

The 'older people from CALD backgrounds in general' topic is important for understanding preferences in ageing for older people from CALD backgrounds and factors that promote their wellbeing. It includes research that is not specific to the topic areas covered in the rest of the review.

In the database

A total of 166 items, including 147 published within the past 10 years (89%), were identified in this topic area, including:

- ▶ 105 journal articles;
- ▶ 36 reports;
- ▶ 16 books or book sections;
- ▶ 8 conference presentations/papers; and
- ▶ 1 webpage.

Preferences for ageing well

There are subtle differences between cultural groups in attitudes to ageing well. One study found while Anglo-Australians value growing old gracefully and acceptance from others as they move into older age, Chinese older Australians view financial security and an active lifestyle as important. Both groups identified health and personal responsibility as important factors as well.^{26, 27} Another study of Italian men in rural Victoria found health was the most important aspect to them in ageing well.²⁸ Loss of independence and needing residential aged care is one of the greatest fears of all older people regardless of cultural background.²⁹ This fear is even greater for older people from some CALD backgrounds.³⁰

Language and cultural barriers

There are many barriers to access and use of services for older people from CALD backgrounds as a result of language and cultural understandings. At the most basic level, information is needed in the preferred language of the older person from a CALD background,^{31, 32} as is access to interpreters when required. The terms 'carer' and 'respite' are not well understood by many people from CALD backgrounds,^{33, 34} and there may be different concepts of what elder abuse means within and across some cultural groups. Additionally, a lack of awareness of available support services can lead to underutilisation by older people from CALD backgrounds, as reported by a consultation on housing needs for older people.³⁰

Language and cultural barriers also play a role in the management of health conditions, including self-management, medication management and communicating with doctors. Many cultural groups have different views and health practices, and some use traditional medicines as a means of self-managing their health conditions.^{35, 36} Some CALD groups have a higher risk of medication mismanagement compared to other Australians.^{37, 38} There is a need for clearer instructions on taking medications correctly as well as a need for improved cultural understanding and acknowledgement of traditional medicines by western trained doctors.³⁹

A series of studies looked at the physical activity levels of older people from CALD backgrounds and found differences between cultural groups in their barriers to participation.^{40, 41, 42} Vietnamese women reported being self-conscious about their looks while Italian women more often reported 'poor health', 'being too tired' or 'not enjoying exercise' as barriers. Recognising these subtle differences between cultural groups is important in reaching the intended audience. Other studies of older migrants and their participation in physical activity found complex socio-cultural influences impacting their behaviour.⁴³

Multiple vulnerabilities

A number of studies have shown that in comparison to older people from English speaking backgrounds, older people from CALD backgrounds have higher levels of disadvantage and vulnerabilities, as well as higher risk factors for some health conditions. In addition to language and cultural barriers, older migrants from CALD backgrounds:

- ▶ are more likely to be smokers²¹;
- ▶ have an increased risk of poverty⁸;
- ▶ have less superannuation savings⁹;
- ▶ are less likely to be in paid work;
- ▶ have lower rates of volunteering²²;
- ▶ have lower levels of education;
- ▶ have lower rates of access to services; and
- ▶ have lower rates of use of information technology¹⁰.

Some research indicated that people from CALD backgrounds who migrate to Australia at an older age and refugees have higher rates of adverse health and social outcomes. One study reported that older refugees often have a sense of 'ageing in the wrong place'²³. A number of items in the review looked at the unique needs of these smaller and more vulnerable groups of older people from CALD backgrounds.^{24, 25} More research and a deeper understanding of these groups are required.

Retaining culture, recognising the life course

Life course experiences such as number of years since migration to Australia, level of acculturation, and migration experiences influence the health and wellbeing of older people from CALD backgrounds.^{44, 45, 46, 47, 48, 49} The maintenance of cultural traditions can also be an influence. For example a study found poorer self-rated health, more loneliness and depression among Greek widows compared to British-Australian widows, attributed to the Greek-born widows retaining their cultural traditions such as mourning rituals and continuing bonds with the deceased spouse.⁵⁰

Access to culturally appropriate food choices is also important for some older people from CALD backgrounds.^{51, 52, 53} Younger relatives play an important role in providing access to preferred foods and the impact this might have on their nutritional needs is not well recognised by some older people from CALD backgrounds⁵³. One Queensland study found a lack of access to culturally appropriate foods through Home and Community Care (HACC) services, despite substantial CALD populations in the service area.⁵⁴

Research suggests that due to self-selection and clearances by immigration health and wellness checks, migrants are often healthier upon arrival than the resident population⁵⁵. However the 'healthy migrant effect' diminishes over time, as their health habits become more like the local population.

Culture often becomes diluted in subsequent generations and older CALD migrants play an important role in maintaining culture across generations of descendants in Australia.^{56, 57} Despite lower rates of volunteering among older people from CALD backgrounds, they may be an untapped resource to help improve cultural understanding in the wider community.⁵⁸

Stronger reliance on family

Although older people from some CALD backgrounds are more reliant on family members,^{6, 7} studies have shown that the idea that 'they always look after their own' is a myth. In light of this perception, the social isolation of people within some CALD communities can sometimes be hidden.⁴⁷ It is important that service providers and other community members do not assume that the needs of older people from all CALD backgrounds are met completely by their families.

Conclusion

The 'older people from CALD backgrounds in general' topic identified many different types of research relating to older CALD Australians. Maintaining health and independence is 'common ground' for all older Australians, as is a strong desire to avoid residential care. Language and cultural translation issues emerged as a common source of difficulty for many older people from CALD backgrounds. Lack of knowledge about aged care services can be a barrier to access for older people from different CALD backgrounds. The life course of CALD migrants, including migration circumstances, and the extent to which cultural traditions are maintained, play a role in their health and wellbeing. Older people from refugee backgrounds are particularly vulnerable to mental and physical health issues, and a deeper understanding of how the many layers of their experiences contribute to them ageing well in Australia is needed.

6. Older people from CALD backgrounds with dementia

Key findings

- ▶ Poor understanding of dementia combined with cultural stigma attached to dementia leads to denial of the condition and/or delayed diagnosis for some older people from CALD backgrounds.
- ▶ Culture and ethnic background can have an impact on dementia diagnosis, and culturally sensitive assessment tools are required and should be used where they exist.
- ▶ Older people from CALD backgrounds are often excluded from dementia research due to language barriers, leading to gaps in the evidence base.

Introduction

The prevalence of dementia within the population of older people from CALD backgrounds in Australia is projected to increase more than three-fold, from approximately 35,000 in 2010 to 120,000 by 2050.⁵⁹ Additionally, the prevalence of Mild Cognitive Impairment among people from CALD backgrounds is two-to-threefold higher than for those from English-speaking backgrounds.⁶⁰ These projections highlight the need for communities and care providers to better understand, develop services for and manage dementia from a CALD perspective.

Research on dementia for older people from CALD backgrounds covers understandings of dementia, delayed diagnosis, culturally appropriate assessment, and residential care. Additionally, a number of reports provide an overview of the issue by looking at the incidence of dementia across particular geographic areas.^{59, 61, 62}

In the database

A total of 66 items were identified under the dementia topic, including 55 (83%) published from 2003 onwards. They include:

- ▶ 42 journal articles;
- ▶ 22 reports;
- ▶ 1 book; and
- ▶ 1 news release about a new research project.

Understanding of dementia

For some CALD communities, poor understanding about dementia and cultural stigma attached to the disease leads to denial of the condition, and/or later diagnosis. One study looked at dementia understanding across generations and found third-generation Australians were more likely to recognise dementia symptoms, and had less negative attitudes than those born in Italy, Greece and China.⁶³ The literature suggests improving understanding of dementia (including the causes, signs and symptoms) by presenting information to a broad audience including ethnic community groups, family members and older people from CALD backgrounds who are, or may be, affected by dementia.

Diagnosis of dementia

Older people from some CALD backgrounds have been found to present later with dementia compared to English-speaking people.⁶⁴ Poor understanding of the early signs and symptoms of dementia contribute to delayed diagnosis.⁶⁵ Relatively low rates of dementia found in many CALD groups may reflect reduced access to residential care or delays in diagnosis. Bilingual doctors and adult children of older people from CALD backgrounds are important sources of information about and diagnosis of dementia.^{66, 67} One study found that female caregivers in the Italian community assisted in gaining access to both informal and formal dementia care.⁶⁸

Aged care workers who provide assistance to older people from CALD backgrounds also play an important role in early diagnosis. While they receive some education in how to respond to dementia symptoms, language, religion, spirituality and culture all need to be taken into consideration.

The Australian Institute of Health and Welfare (AIHW) found that there was a higher rate of dementia in aged care residents aged 65+ who were born in Poland than expected given their proportion of the population as a whole.⁶⁹

Culturally sensitive assessment

There has been a range of issues identified in conducting cognitive assessments with older people from CALD backgrounds who require an interpreter. Language services and interpreters often have limited understanding of cognitive assessment processes, while assessors may have little or no training in using interpreters effectively.⁷⁰ Cultural and language factors may mean a greater risk of false positive diagnoses for people from CALD backgrounds on cognitive performance tests such as the Mini-Mental State Exam (MMSE).^{71, 72} The Rowland Dementia Universal Access Screening tool (RUDAS) is now established as a culturally appropriate cognitive screening tool for use in Australia.^{73, 74, 75}

Residential care of people from CALD backgrounds with dementia

Older CALD Australians with dementia living in mainstream residential care facilities are at greater risk of social isolation. This can result in disruptive behaviour if they cannot communicate in their own language.^{76, 77} Quality care for older people from CALD backgrounds with dementia is dependent on staff knowledge and ability, with some evidence of a lack of appropriate understanding of mental health in aged care among nurses.⁷⁸

Dealing with dementia

Although there is a large body of research on the understanding of dementia among older CALD Australians and about CALD carers of people with dementia, little information was found about how people from CALD backgrounds who have dementia cope with the disease. A small study of older people from Latvia with dementia, many of whom had survived war and other traumatic events in their past, found the most comfort was received from other older people from the same background because of shared experience.⁷⁹

Conclusion

There is a substantial body of research evaluating culturally sensitive tools for diagnosing dementia and increasing understanding of dementia among people from CALD backgrounds, however little is known about the experiences of older CALD Australians with dementia. One article makes several recommendations for future CALD dementia research in the areas of epidemiology, community knowledge, carers, service delivery, screening and assessment, medical management and residential aged care.⁸⁰ CALD participants are often excluded from research studies because of language skills, which results in gaps in knowledge about this group.⁸¹

7. Ageing and mental health issues for people from CALD backgrounds

Key findings

- ▶ Older people from CALD backgrounds have a higher risk of mental health issues than those born in Australia.
- ▶ The research shows an underuse of mental health services by older people from CALD backgrounds.
- ▶ Older people from CALD backgrounds tend to present at later stages of illness compared to other older people in Australia.

Introduction

Older people from CALD backgrounds may be prone to mental health issues for a number of reasons.^{82, 83, 84} For instance, migration may have been forced or traumatic in the case of refugees but even for those who migrated to Australia by choice, there are often issues of identity loss and a sense of disconnection at different times throughout a person's life. Older people from some CALD groups who have lower incomes and lower levels of education often experience increased mental health issues.⁸⁵

In the database

A total of 33 items were identified relating to mental health issues for people from CALD backgrounds in the review. All items were published within the past 10 years and include:

- ▶ 28 journal articles; and
- ▶ 5 reports.

Higher risk of mental health issues for CALD Australians

The research found older people from CALD backgrounds were at greater risk of mental health conditions than the Anglo-Australian population. The AIHW found a higher incidence of depression on admission to aged care facilities for people born in a non-English speaking country, and whose preferred language was not English.⁸⁶ Evidence suggests that mental wellbeing in ageing is inversely associated with a non-English speaking background.⁸⁷ Older CALD Australians suffering from chronic disease and cancer have a higher incidence of depression and poorer quality of life outcomes than Anglo-Australian populations.^{88, 89} Different rates of mental illness among CALD migrants have also been identified by gender, with one study finding that CALD women have higher rates of psychological morbidity than CALD men.⁸⁴ Research into priority areas for the treatment of anxiety and depression in older adults identified older people from CALD backgrounds as one of the groups at greatest risk.⁹⁰

Despite the greater risk of mental illness, the research shows an underuse of mental health services by older CALD Australians. CALD populations have been recognised as having special needs in relation to diagnosis and delivery of mental health services.⁹¹ People from CALD backgrounds have lower rates of voluntary hospitalisations, shorter face-to-face clinical consultations and generally low use of interpreting services for psychiatric services.⁹² Some CALD groups from Asia and other non-European backgrounds are under-represented in the use of psycho-geriatric clinics.⁹³

Factors affecting mental health outcomes of older people from CALD backgrounds

For some cultural groups or individuals, cultural norms from their home country remain strong decades after migration. Higher rates of depression found in older Chinese people in one study may have been due to lack of integration into Australian society.⁹⁴ Another study that found higher rates of suicide among migrants from Europe and lower rates among migrants from North Africa, the Middle East and Asia suggests these rates are influenced by differing cultural norms.⁹⁵

The migration experience, resulting in distant and dispersed family ties, can also have an influence on mental health. Research has found that Vietnamese migrants with children left behind suffered adverse mental health outcomes and that English language ability influenced their mental health.^{96, 97}

The living situation of older people from CALD backgrounds can also influence mental health. A study of older Chinese people found higher rates of depression and lower quality of life scores for those living in ethno-specific residential care than for those living in the community.⁹⁸

Understanding of mental health

For many migrant groups there is a strong stigma attached to having a mental health problem which can lead to denial and delays in seeking help, and later diagnosis. This in turn may result in social isolation and avoidance by people in the same cultural group or family. Language barriers and lack of knowledge of available mental health services further increase the difficulties of access and timely treatment.^{99, 100, 101}

A number of studies found differences in mental health understanding for particular birthplace groups. For example one study found people from the former Yugoslavia had less understanding of depression and higher stigma scores compared to Anglo-Australians.¹⁰² Another study pointed to gender differences within cultural groups, finding that Chinese women more often correctly identified mental health conditions, compared to Chinese men, who more often stated that people should deal with mental health issues alone and use traditional Chinese doctors and medicines.¹⁰³

There were some commonalities across groups, such as the finding that both Italian and Greek people acknowledged mental health issues, including that depression 'affects family and relationships'.¹⁰⁴

In light of the stigma attached to mental illness for older people from some CALD backgrounds one study suggested websites as a way of reaching people and providing them with information.¹⁰⁵ However the lower rates of use of the internet by some older people from CALD backgrounds¹⁰ presents a barrier to the success of this method.

Access to culturally appropriate mental health information and services

Service providers including GPs, specialists, nursing and allied health workers need a culturally inclusive approach to addressing the mental health needs of older CALD Australians.⁹⁹ Studies have identified a lack of aged care mental health knowledge amongst nurses and barriers in accessing bilingual allied health professionals or translated materials for patients from CALD backgrounds seeking mental health services.^{78, 106}

An evaluation of mental health needs and services in ethnic communities, targeting people most under-represented in use of mental health services, found that correct diagnosis, management and treatment needs to take into account cultural world views, and be culturally targeted.¹⁰⁷

Validity of mainstream measures to assess mental health for people from CALD backgrounds

The need for cultural differences to be considered in mental health assessment tools for older people from CALD backgrounds, has led to a body of research exploring the validity of mainstream measures used to diagnose mental health conditions.^{60, 72, 108, 109, 110, 111, 112, 113} For example, one study showed that an Italian version of the Depression Anxiety Stress Scales could be used with confidence for Italian-born people in Australia for depression and stress, but the anxiety scale in the same tool needed to be used with caution.¹¹⁰

Conclusion

A body of research exists about CALD understandings of mental health issues, the factors contributing to poorer mental health outcomes for some older CALD Australians and the importance of using culturally sensitive tools to assess mental health conditions. However, little research exists about effective practices, treatments and care for older people from CALD backgrounds after a mental health diagnosis has been made. Additionally, there is a need for continued research that explores the cultural and socioeconomic dimensions that contribute to delayed diagnosis of mental illness.

8. CALD carers and carers of older people from CALD backgrounds

Key findings

- ▶ In general, older people from CALD backgrounds have lower rates of use of care and carers support services compared to older Anglo-Australians.
- ▶ A collaborative approach between different ethno-specific, multicultural and mainstream aged care services and community groups is required to best meet the needs of older people from CALD backgrounds.
- ▶ Family members play an important role in access to information about available services and in making health and care decisions for older people from CALD backgrounds.

Introduction

A lack of empirical research into the healthcare issues impacting older CALD Australians was identified in 2002.¹¹⁴ Since that time, a large body of work has been undertaken to try to understand the culturally appropriate care needs of an ageing CALD population. The review identified a number of academic studies, reports and evaluations that examined the current and projected populations of older people from CALD backgrounds to anticipate future aged care service needs.

In the database

This review identified a total of 148 items relating to CALD carers and carers of older people from CALD backgrounds. Most of these items (136 items, or 92%) were published from 2003 onwards and included:

- ▶ 84 journal articles;
- ▶ 49 reports;
- ▶ 3 books/book sections;
- ▶ 5 conference proceedings/papers;
- ▶ 4 information sheets/newsletter articles;
- ▶ 2 theses; and
- ▶ 1 webpage.

Access to and use of services

Much of the research in this area found a lower rate of use by CALD groups than Anglo-Australian groups for HACC services, low-level aged care, dementia support and palliative care.^{116, 117, 118, 119, 120} However, other studies showed good representation of older people from CALD backgrounds accessing HACC services.¹¹⁵ The underuse of services by older CALD Australians may be attributed to a heavier reliance on family members to provide care services, such as housework, transport, cooking, etc. than Anglo-Australian groups who show a greater dependence on formal service providers.¹²¹

Culturally sensitive workforce

The ageing of the population in Australia means there is a need to understand how to retain and attract adequate numbers of people into the aged care workforce.¹²² Culturally competent workers, including those who speak languages other than English and who understand the cultural norms of particular groups, are considered a high priority. In addition to cultural awareness, specialist knowledge and skills are needed to meet the needs of migrants who came to Australia at an older age and those who are survivors of trauma, or from a refugee background.^{123, 124}

The review identified a number of manuals and programs for training a culturally competent aged care workforce, including documents that describe the cultural practices and appropriate behaviours to use with older people from different birthplace groups.^{125, 126, 127, 128} A set of guidelines on translation standards and practices has been developed to ensure that provision of translated information is of high quality.³¹ There are also calls for nursing studies programs at universities to include knowledge about providing culturally sensitive care.¹²⁹

Culturally sensitive care

Many reports and articles discuss the need for mainstream, multicultural and ethno-specific services to meet the needs of an ageing CALD population, and the importance of different services working together.^{115, 130, 131, 132, 134, 135} Smaller ethnic communities that do not have a 'critical mass' to support themselves with ethno-specific services will need to be supported by mainstream or other multicultural community organisations.¹³³ The most effective strategy in meeting the needs of older CALD Australians is to have partnerships across different types of organisations.¹³⁶

Care workers from CALD backgrounds

An increasing number of migrants are entering the aged care workforce,^{137, 138} and training programs for aged care workers from CALD backgrounds have been established.¹³⁹ While some migrant aged care workers are well positioned to provide culturally appropriate care,¹⁴⁰ problems can arise when care recipients and aged care workers are from different cultural backgrounds. Research has found CALD care workers' knowledge and understanding about age related conditions was relevant to their cultural background and length of residency in Australia.¹⁴¹

Some research looked at the mental health of people who care for older people from CALD backgrounds. A cross-country comparison of care workers of people with dementia in residential care in China and Australia found higher rates of depression amongst care workers in China than in Australian-Chinese care workers who, in turn, had higher depression scores than Australian caregivers.¹⁴² Those with higher levels of education and better physical health had lower depression scores.

Residential care

The ability to maintain language and culture is vital to the wellbeing of older people from CALD backgrounds in residential care. A small body of research about the potential benefits of ethno-specific residential care compared to mainstream care found people in ethno-specific residential care required less medication and engaged in more resident-to-resident communication than those in mainstream care.^{170, 171, 172} A large study of Melbourne mainstream residential care facilities found that 19% of residents either preferred or needed to speak a language other than English and in many cases language needs were not met.⁷⁶ Other research has suggested residents' first language is considered more in the context of recreational and spiritual activities in residential care than as an essential aspect of communication.¹⁷³

In addition to language, cultural aspects such as food, religious observances and gender norms need to be recognised if culturally sensitive care is to be provided in residential care facilities. In the Islamic culture, for example, the provision of halal foods and gender separation are important.¹⁷⁴ There are also arguments for the need of a paradigm shift from religion and spirituality being incorporated mainly at the end of life/palliative care, to be included at all stages of care, as spirituality and religion are important aspects of everyday life for many older people from CALD backgrounds.¹⁷⁵

Informal care

Care in the home is often the responsibility of family members across Australia. Research shows older people from some CALD backgrounds are even more likely to prefer to receive their care from family members. Paradoxically older migrants in Australia may have fewer children and relatives living nearby, with extended family resident in the country of origin. The emergence of 'transnational caregiving', or family members providing care from a distance and/or making international trips to provide care and support for relatives, has occurred in some cultures.^{143, 144} The literature also described how some adult children who provide the greatest amount of informal care to their ageing parents carry multiple responsibilities including caring for their children and maintaining employment.^{14, 145, 146, 147} Women in particular experience pressure from multiple directions and experience shame in some cultures if the care needs of their older family members cannot be met.^{12, 130}

Family members play an important role in accessing relevant information about health issues for older people from CALD backgrounds. One study found older people from CALD backgrounds were nearly three times more likely to seek information about health issues from their family members than third-generation Australian born people.¹⁴⁸ The importance of kinship ties for people from CALD backgrounds in decision making about health behaviours and treatment options was also identified.¹⁴⁹

CALD carers

Families from some CALD backgrounds provide higher rates of informal care to older family members and there is a body of literature relating to their experiences. The research suggests that family carers may be unaware of services such as respite or home care, and financial support, that are available to support their role as a 'carer' as these are often unfamiliar concepts to older people from CALD backgrounds.^{150, 151} A study of Greek carers found that these carers suffered health problems, loneliness and isolation, while feeling that taking time out to look after themselves was 'selfish'.¹⁵² Cultural expectations of providing informal care continue into later life despite the number of years living in Australia. One study found that there was no attempt to use formal services unless carers are directed to by a health professional such as a GP.¹⁵³ Research has suggested that translated information about support services in GP offices, pharmacies, churches and community groups might help remove barriers to accessing these services for CALD carers.¹⁵⁴ When CALD carers need respite services, the research shows that the support offered is not considered culturally responsive, and that language barriers make communicating their and their family members' needs difficult.¹⁵⁵

Studies have explored the coping mechanisms of CALD carers and culturally sensitive strategies to support CALD carers.^{151, 156, 157, 158, 159, 160, 161} One study found a telephone-based support service trialled for Spanish-speaking carers enabled these carers to obtain support from other carers as well as increasing their knowledge and skills.¹⁶²

Conclusion

The demand for culturally sensitive services will increase as the CALD population in Australia ages. An increase in well trained and supported aged care workers who are from CALD backgrounds is also needed. However, in the current aged care workforce many CALD care workers come from a different background than the ageing population.

In general, older people from CALD backgrounds rely more heavily on family members for support as they age. There is a need for greater support and resources for family carers. The research identified that the language and cultural needs of people from CALD backgrounds are often not adequately met in mainstream residential care.

9. Gaps in research

An important part of this project is identifying the gaps in the current research base. These gaps were identified through collation and review of the currently available research base on older CALD Australians and from service provider and researcher input. Although a large body of research on older CALD Australians exists, there are many gaps.

CALD population groups requiring further research

There are certain groups of older CALD Australians that have not been well researched including:

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

Most of the focus in the research relating to older people from CALD backgrounds to date has been on those who have been living in Australia for many years (for example, post-World War II migrants from Italy and Greece) as these migrants comprise the largest number of older people from CALD backgrounds in Australia. However, new immigrant arrivals who are older and come from different non-English speaking countries (particularly those from refugee-humanitarian backgrounds) will have unique needs and these are not well understood. The literature identifies older people who came to Australia as refugees as a special needs group, and outlines their additional vulnerabilities, however there is not much research available about effective strategies for a positive ageing experience for these individuals. Language and cultural traditions, and identification with the origin country, are likely to be even more entrenched in those who migrate to Australia at an older age, and these groups may therefore face additional challenges such as limited social networks and a lack of familiarity with available services.

Research exploring comparisons of experiences of older CALD migrants living in different areas of Australia is also needed. Most of the research identified in this review came from researchers and service provider organisations based in New South Wales and Victoria. The experiences of older CALD Australians living in other areas of the country may differ from those in the two most populous states. Areas with lower concentrations of the CALD population, including rural areas, are likely to face additional challenges in accessing culturally appropriate care. Older people from CALD backgrounds living in these areas may have been more integrated into the mainstream community after migration due to a lack of ethno-specific organisations and a smaller migrant network, or they may have formed more isolated, insular groups.

Topic areas requiring further research

In addition to particular groups of older people from CALD backgrounds, some gaps in topics of research have also been identified from the literature and input from stakeholders. These include:

- ▶ religious, spiritual and faith considerations;
- ▶ culturally responsive palliative care strategies;
- ▶ communication between care workers in residential facilities and CALD residents;
- ▶ CALD care workers as a part of the aged care workforce;
- ▶ an intergenerational perspective on CALD care and support needs and expectations and how this varies across generations;

- ▶ more in-depth understanding of treatment and approaches to care for older people from CALD backgrounds once a dementia or mental health diagnosis has been made;
- ▶ an understanding of how the experiences of older people from CALD backgrounds differ from those of older Anglo-Australian groups across a range of demographic factors; and
- ▶ more information about specific communities and directories of available services.

Religious, spiritual and faith considerations, particularly of emerging communities among older CALD population groups, need to be considered in all interventions, research and practice. There has also been a lack of research identified about culturally sensitive palliative care strategies.

There is a dearth of research about communication between care workers in residential care facilities and residents from CALD backgrounds. It is important to know how this is impacting these older individuals who cannot speak to or understand their carer. In light of the growing migrant aged care workforce, communication and cultural understanding between CALD care workers and CALD residents when they are not from the same CALD background also needs to be further explored in the research.

Much remains to be known about the experiences of older CALD Australians living with dementia. There is also a need for more extensive research including in-depth and qualitative understanding of mental health amongst older people from CALD backgrounds, including the impact of life experiences, family and community. Little research exists about effective practices, treatments and care for older people from CALD backgrounds after a mental health or dementia diagnosis has been made.

There are several gaps in knowledge about different populations of older people from CALD backgrounds across several demographic themes including housing, technology use, aged care, health, employment/education, financial security, need for assistance, disability and others. Although there has been some previous research exploring these topics,^{6, 7, 176, 177} the issues need to be re-examined using more current Census data. More in-depth qualitative research studies in these areas are also needed, such as exploring if and how groups within the older CALD population differ from each other and from other population groups.

Service providers identified a need for more information and/or directories of services to be made available for specific CALD communities. A generalist approach (that is, applying things learned from other communities that are 'sort of similar') is inadequate. However, there are challenges in providing a useful directory of services as these quickly become outdated and they are very specific to geographic location.

Evaluations of programs and services

Service providers and researchers identified many gaps in evaluations of the effectiveness of programs including the need for:

- ▶ wider dissemination of results relating to the effectiveness of programs trialed by service providers;
- ▶ more research into the effectiveness of services and programs in meeting the needs of older people from CALD backgrounds;
- ▶ more evaluation studies of interventions and programs for CALD carers;
- ▶ more longitudinal research and evaluation of programs; and
- ▶ outcomes of CDC in different 'home' environments.

Service providers identified the need for improved feedback mechanisms about the outcomes of programs created as a result of government funding to promote healthy aged care. Although funding bodies require outcomes to be reported by the organisations that undertake work, there is no way for the general public to tell if the projects have any real and/or sustained outcomes for the groups they are servicing. The outcomes from these programs are potentially useful to others in sharing experiences of what works and what does not for particular groups.

A great deal of the research identified about older people from CALD backgrounds is concerned with the barriers to access to, and use of, services. While it is imperative to understand these challenges as a starting point, there is a need to go beyond simply identifying whether older CALD groups have access to services but also whether they *do* access available services, what the pathways to access are,

and how effective existing services are in meeting the needs of older CALD groups. It is also important to understand how the needs of older people from CALD backgrounds differ within CALD population groups and from the older population in general when managing different health conditions such as depression.

The literature to date identified that CALD carers also require support. A number of studies explored the coping mechanisms of CALD carers and strategies to support CALD carers. However, there is a need for more evaluations of programs to support CALD carers. The need for more longitudinal research into and evaluation of the outcomes of Consumer Directed Care in different home environments was also identified.

Observations from the review process

In addition to the gaps in the research identified above there are challenges in synthesising the research and commentary about older people from CALD backgrounds that already exist. Different definitions of CALD are used in the research, the terminology used to describe older people from CALD backgrounds has changed over time, and different population groups were studied. It is a difficult balance to be both specific enough to capture the nuances between different cultural groups but broad enough to apply to large population groups. There are hundreds of non-English speaking countries and groups represented in the Australian population and it is not only the country someone comes from but their migration experience, age, gender, culture, family situation, etc. that affect health and wellbeing outcomes. It is impractical for any one research study to cover all groups and all types of older CALD Australians. However, by identifying and collating the existing research to develop a knowledge base it is possible to increase understanding about the situation and needs of older people from CALD backgrounds.

Although specific challenges for older people from CALD backgrounds have been identified, it is important to recognise their similarities with Anglo-Australians and therefore what 'mainstream' approaches to providing care for the general older population also apply to older people from CALD backgrounds. For example, there are a number of challenges most older people face as they age, regardless of their cultural background, including: declining mobility, greater chance of being more socially isolated due to higher rates of living alone after death of a spouse, children living at a greater distance from parents, and greater reliance on both informal and formal support and services.

Pathways to filling research gaps

Utilising the Australian research about older people from CALD backgrounds and the gaps in the current evidence base identified in this review, some recommended pathways to filling the research gaps are described here.

Recommendation 1: Continuing to grow the body of research about older people from CALD backgrounds

It is important that research gaps are filled with well thought out research projects and programs undertaken by researchers and service provider organisations that are best suited to research a particular area. It is also essential that the available research data base is continually updated (see Recommendation 5) to ensure any new research about older CALD Australians is informed by the existing research base and does not duplicate research that already exists at the expense of other research gaps.

Recommendation 2: Improving comparability of research results, datasets and data sources

As mentioned above, the terminology used to describe older people from CALD backgrounds has changed over time and the definitions used across different studies and different data sources varies. These factors mean that making direct comparisons over time and across data sets is a challenge. It is not feasible to expect that the terminology to describe older people from CALD backgrounds would remain consistent over time as most terminology evolves to reflect changes in every-day language. It would be worthwhile to map data on older people from CALD backgrounds across large, comprehensive datasets, taking into account variations in terminology in order to improve the comparability and comprehensiveness of these valuable data sources. This analysis would allow greater scope for existing datasets to be used to fill the research gaps about older people from CALD backgrounds.

Recommendation 3: Increasing participation by older people from CALD backgrounds in research

A number of items in the literature identified the difficulty of including and retaining CALD participants in research.^{37, 178} Input from researchers to this review highlighted that interventions for older people from CALD backgrounds should be included in initial trials alongside Anglo-Australian populations, not as a second step after development of interventions for the general population. Existing literature also highlighted the need for research to have the appropriate strategies in place to attract and retain CALD participants in research, including local informants, interpreters and other relevant language services.^{179, 180, 181}

Recommendation 4: Mining existing data sources for more information about older people from CALD backgrounds

The literature identified in this review has used a wide range of secondary data sources including data from the ABS, community aged care packages data, cancer registries, hospital and residential care admissions data and data from national longitudinal studies. However, several service providers and researchers identified that existing data available about older people from CALD backgrounds are not used to their full potential. Research papers have identified national health datasets that include CALD populations¹⁸² and longitudinal studies which include participants aged 45 and over.¹⁸³ In addition it has been suggested that administrative data sets, such as HACC Minimum Data Set or the Aged Care Assessment Team (ACAT) data could be explored annually to provide a current picture of who is using different types of services, what types of services are used and how this changes over time.

Other potential datasets that could be reviewed in this way include the Australian Census data and a range of Australian longitudinal studies. More information about these studies is available at Appendix H. Appendix H also provides links to websites where a wide range of data are available (e.g. AIHW) which have the potential to be used to obtain more information about older people from CALD backgrounds.

Recommendation 5: Updating available literature and resources about older people from CALD backgrounds on a regular basis

It is anticipated that the review and synopsis of existing literature about older people from CALD backgrounds included in this report and searchable database will be a valuable resource for service providers, researchers and policy makers. However the literature base about older people from CALD backgrounds is emerging at all times and it is important that the status of this literature base and the database of available publications are updated on a regular basis in order to remain current and useful. It is recommended that these resources be updated on an annual basis and new topic and sub-topic areas be added to the content as they emerge in aged care settings and in the literature.

Conclusion

It is imperative that services are provided to older people from CALD backgrounds and specific ethnic population groups with a targeted, evidence-based approach. Presenting the available research about older people from CALD backgrounds in Australia to service providers, policy makers and researchers across a broad range of topic areas through this review project is one step in this direction. The translation of research into practice can promote better practice, stronger collaborative partnerships and better outcomes for all older people from CALD backgrounds. Translating research into practice is a complex process that involves the cooperation of stakeholders, service providers and service systems. Identification of evidence from research about where the challenges lie and what interventions or strategies do or do not work to improve the experiences of older people from CALD backgrounds will help make the process as efficient and effective as possible. This review of existing research has identified current evidence, gaps in research, and will allow CALD aged care service providers to base future program development on a strong evidence base.

Appendix A: Top 10 non-English speaking countries of birth for population aged 65+ by State/Territory, 2011

Table A1: Top 10 non-English speaking countries of birth for population aged 65+, New South Wales 2011

	New South Wales	% CALD pop
Italy	29,455	13.3
Greece	18,990	8.6
China (excludes SARs and Taiwan)	18,808	8.5
Germany	11,940	5.4
Lebanon	9,152	4.1
Netherlands	8,518	3.8
Malta	7,732	3.5
Croatia	7,165	3.2
Vietnam	6,475	2.9
India	6,345	2.9
Total CALD aged 65+	221,552	100.0
% total CALD in top 10 birthplace groups		56.2

Source: ABS Census data 2011

Table A2: Top 10 non-English speaking countries of birth for population aged 65+, Victoria 2011

	Victoria	% CALD pop
Italy	45,400	21.8
Greece	29,284	14.1
Germany	11,835	5.7
Netherlands	10,653	5.1
Malta	8,910	4.3
China (excludes SARs and Taiwan)	8,032	3.9
Croatia	6,878	3.3
India	6,276	3.0
Poland	6,173	3.0
Vietnam	5,335	2.6
Total CALD aged 65+	208,047	100.0
% total CALD in top 10 birthplace groups		66.7

Source: ABS Census data 2011

Table A3: Top 10 non-English speaking countries of birth for population aged 65+, Queensland 2011

	Queensland	% CALD pop
Italy	7,617	12.5
Germany	7,491	12.2
Netherlands	6,502	10.6
China (excludes SARs and Taiwan)	2,361	3.9
India	2,139	3.5
Greece	1,930	3.2
Poland	1,571	2.6
Croatia	1,489	2.4
Philippines	1,375	2.2
Hungary	1,321	2.2
Total CALD aged 65+	61,153	
% total CALD in top 10 birthplace groups		55.3

Source: ABS Census data 2011

Table A4: Top 10 non-English speaking countries of birth for population aged 65+, South Australia 2011

	South Australia	% CALD pop
Italy	13,068	21.4
Greece	6,138	10.0
Germany	5,382	8.8
Netherlands	3,304	5.4
Poland	1,936	3.2
Croatia	1,331	2.2
India	1,062	1.7
Vietnam	999	1.6
South Eastern Europe, nfd	910	1.5
Hungary	818	1.3
Total CALD aged 65+	61,153	100.0
% total CALD in top 10 birthplace groups		57.1

Source: ABS Census data 2011

Table A5: Top 10 non-English speaking countries of birth for population aged 65+, Western Australia 2011

	Western Australia	% CALD pop
Italy	1,1197	22.3
Netherlands	4,396	8.8
India	4,249	8.5
Germany	3,171	6.3
Malaysia	2,708	5.4
Croatia	1,931	3.8
Greece	1,637	3.3
Poland	1,554	3.1
Burma (Republic of the Union of Myanmar)	1,393	2.8
Singapore	1,250	2.5
Total CALD aged 65+	50,171	100.0
% total CALD in top 10 birthplace groups		66.7

Source: ABS Census data 2011

Table A6: Top 10 non-English speaking countries of birth for population aged 65+, Tasmania 2011

	Tasmania	% CALD pop
Netherlands	1,198	20.5
Germany	996	17.1
Italy	607	10.4
Poland	322	5.5
Greece	273	4.7
Croatia	171	2.9
India	169	2.9
Austria	164	2.8
Hungary	140	2.4
China (excludes SARs and Taiwan)	123	2.1
Total CALD aged 65+	5,838	100.0
% total CALD in top 10 birthplace groups		71.3

Source: ABS Census data 2011

Table A7: Top 10 non-English speaking countries of birth for population aged 65+, Northern Territory 2011

	Northern Territory	% CALD pop
Greece	244	11.4
Germany	225	10.5
Italy	196	9.2
Philippines	149	7.0
Timor-Leste	141	6.6
Netherlands	123	5.8
India	79	3.7
Malaysia	76	3.6
China (excludes SARs and Taiwan)	66	3.1
Indonesia	55	2.6
Total CALD aged 65+	2,139	100.0
% total CALD in top 10 birthplace groups		63.3

Source: ABS Census data 2011

Table A8: Top 10 non-English speaking countries of birth for population aged 65+, Australian Capital Territory 2011

	Australian Capital Territory	% CALD pop
Italy	1,013	11.2
Germany	890	9.9
Croatia	671	7.4
Greece	625	6.9
Netherlands	490	5.4
China (excludes SARs and Taiwan)	385	4.3
India	351	3.9
Poland	322	3.6
Sri Lanka	237	2.6
Vietnam	228	2.5
Total CALD aged 65+	9,013	100.0
% total CALD in top 10 birthplace groups		57.8


Source: ABS Census data 2011

Appendix B: Glossary and acronyms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
APMRC	Australian Population and Migration Research Centre
CALD	culturally and linguistically diverse
CALD carers	people from CALD backgrounds who provide care
Carers	people who provide care and support to an older person. There are both formal carers (paid) and informal carers (unpaid) as further defined in this glossary
Carers of older people from CALD backgrounds	people who provide care to an older person from CALD backgrounds
Consumer Directed Care (CDC)	Consumer Directed Care, part of the <i>Living Longer. Living Better</i> aged care reform program. CDC is a way of delivering Home Care Packages services that allows consumers and their carers to have greater control over their own lives through making choices about the types of care and services they access and the delivery of those services, including who will deliver the services and when. CDC arrangements have been applied to all new Home Care Packages from August 2013 and are applied to packages from 1 July 2015 ³
Cultural competence	ability to work effectively across cultures. It refers to a set of attitudes, skills, policies and behaviours that allow services and workers to respond to clients from CALD backgrounds in respectful and appropriate ways. Cultural competency is more than awareness of cultural difference, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services
FECCA	Federation of Ethnic Communities' Councils of Australia
Formal care	paid care, by an employee of a service provider who provides care in the care recipient's home, in a community based day centre, or in a residential aged care facility
HACC	Home and Community Care – a Government funded program providing a comprehensive, coordinated range of services such as basic maintenance, support and care services for older people and their carers
Informal care	unpaid care, usually by family members, friends or neighbours of the person receiving care
MMSE	Mini-Mental State Exam
NACA	National Aged Care Alliance – a representative body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia
RUDAS	Rowland Universal Dementia Assessment Scale

Appendix C: List of organisations providing input to the review project

Organisation	State
Alzheimer's Australia SA	SA
Alzheimer's Australia VIC	VIC
Alzheimer's Australia WA	WA
Alzheimer's Australian QLD	QLD
Anglicare Southern Queensland	QLD
Australasian Journal on Ageing	National
Australia New Zealand Society for Geriatric Medicine	QLD
Australian Association of Gerontology (AAG)	National
Australian Multicultural Community Services	VIC
Carers Australia	National
Dementia Collaborative Research Centre	NSW
Department for Old Age Psychology, Euroa Centre at Prince of Wales Hospital	NSW
Diversicare Statewide	QLD
DutchCare	VIC
Ethnic Communities' Council of Victoria (ECCV)	VIC
Fortis Consulting (on behalf of Bridgewater Care Group)	WA
Islamic Information Centre of SA	SA
Liverpool Hospital, University of NSW	NSW
Migrant Information Centre (East Melbourne)	VIC
Migrant Resource Centre (Southern Tasmania)	TAS
Monash Aged Mental Health Research Unit	VIC
Monash University (School of Primary Health Care)	VIC
Multicultural Aged Care South Australia	SA
National Ageing Research Institute (NARI)	VIC
National Cross Cultural Dementia Network	National
Office of Multicultural Interests, Government of WA	WA
Palliative Care Victoria	VIC
Partners in Culturally Appropriate Care (PICAC)	National – contributions from NSW & ACT, NT, SA, TAS, QLD, WA



Organisation	State
Resthaven	SA
Royal District Nursing Service	VIC
Social Policy Division, Advisory Panel for Positive Ageing	ACT
Spanish Community Respite Care Association and Latin American Community of Australia (QLD)	QLD
TAFE (multicultural education and support)	NSW
Tri Community Exchange Inc.	NSW
University of Sydney	NSW
Victoria University	VIC
Western Sydney Local Health District	NSW

Appendix D: Methodology

This project involved a review of all available literature about older CALD Australians across four topic areas:

- ▶ older people from CALD backgrounds in general;
- ▶ older people from CALD backgrounds with dementia;
- ▶ ageing and mental health issues for people from CALD backgrounds; and
- ▶ CALD carers and carers of older people from CALD backgrounds.

The review provided a means of identifying, evaluating and interpreting all available research relevant to these topic areas. This review aims to present an extensive range of research material identified through a comprehensive and systematic literature search. This review involved a five step methodology:

- ▶ Step 1: Identify the research available.
- ▶ Step 2: Filter identified literature for inclusion or exclusion in the review.
- ▶ Step 3: Review and catalogue all included items.
- ▶ Step 4: Summarise findings.
- ▶ Step 5: Identify gaps in the research base and potential areas for future research.

Step 1: Identify the research

Two methods were used to locate research evidence.

1. **Desktop review of literature databases.** All literature databases relevant to locating material for this project were searched using identified key words for each of the four defined topic areas. The databases searched were:

- ▶ Ovid;
- ▶ Web of Science;
- ▶ Academic Search Premier;
- ▶ Academic One File;
- ▶ Scopus;
- ▶ Informit; and
- ▶ Google Scholar.

These databases allow the searching of a large number of literature databases relevant to this project. These individual databases were: Australian Public Affairs, Family, JSTOR, Sociological Abstracts, Project Muse, PsychINFO, PubMed, MAIS, Humanities and Social Sciences Collection, and Popline. These were searched for relevant research papers, reports, working papers and other documents using key word filters developed for each topic area. Keyword internet searches were undertaken to identify any 'grey literature' not included in the above databases. Additionally, the reference lists of key papers identified in the review were examined to pick up on any international literature, grey literature and other key items that were not identified in initial database searches.

2. **Call for input** from service providers and researchers in the area. There were three calls for input from FECCA members, researchers and service providers sent out on behalf of this project:

- ▶ A letter from Professor Graeme Hugo at the Australian Population and Migration Research Centre (APMRC), and distributed by FECCA to its member organisations, August 2013;
- ▶ An article in FECCA's National CALD Ageing Network (NCAN) News, September 2013; and
- ▶ An article in FECCA's *Australian Mosaic* Magazine, Spring 2013.

In these calls for input stakeholders were asked to forward any information to the project officer at the APMRC. This was an important part of the process because some of the relevant work that has been done is either very new and therefore does not yet appear in journals, or is found only in the 'grey literature' that does not make its way into academic channels. This material is relevant because it comes directly from those who are 'on the ground' and see the issues faced by older people from CALD backgrounds on a regular basis. These practitioners provide current perspectives on key issues facing older people from CALD backgrounds and the gaps in the evidence base.

Individuals from 43 different organisations responded to this call for input, from all Australian states/territories, with the majority coming from individuals/organisations based in Victoria and New South Wales. A total of 202 items were received through this method:

- ▶ academic journal articles and books/book chapters;
- ▶ reports;
- ▶ staff training manuals or guidelines for providing culturally appropriate care;
- ▶ community information/resource documents;
- ▶ information sheets/reports about projects or programs;
- ▶ links to information sources such as internet databases for accessing material; and
- ▶ unpublished discussion papers and conference presentations.

Table D.1 below shows a breakdown of the type of literature received.

Table D1: Type of literature received

	n	%
Journal articles/books or book chapters	65	32.2
Reports	77	38.1
Staff/training manuals or documentation	21	10.4
Community documents (e.g. info about programs offered by an aged care organisation)	23	11.4
Discussion papers/internal documents	9	4.5
Links to information resources (e.g. web-based information and document databases)	5	2.5
Current program documents	2	1.0
Total	202	100.0

Note: Some community and service provision documents are translated into multiple languages – these items have only been counted once for each item

Step 2: Filter literature for inclusion or exclusion in the review

After items were identified the next step was to apply the inclusion/exclusion criteria. Table D.2: *Inclusion and exclusion criteria for review of research* shows the criteria used to determine if items were included in or excluded from the review.

An important note about the 'Immigrant' category topic in Table D.2 is that the terminology used to describe CALD Australians has changed over time and across disciplines. For example, the terms 'non-English Speaking Background' (NESB) and 'ethnic populations' have been used in some publications to refer to the group now more commonly called CALD Australians. These terms are not completely interchangeable; although the term CALD does include mainly people from a non-English speaking background, it may also include people from English-speaking backgrounds whose cultural background is different from the Australian mainstream. For example, some migrants from Africa, India, Malaysia and Singapore speak English as a primary language, but their cultural beliefs and practices may be very different from those of Australia's general population. When describing review findings throughout this report the term 'CALD' is used when possible but if the study used different terminology to describe the population, for example, 'NESB', that terminology is used to reflect the group actually captured in the study.

Table D2: Inclusion and exclusion criteria for review of research

Topic	Inclusion criteria	Exclusion criteria
Age	The study/subject is about or includes persons aged 50+. *For emerging community groups, younger age criteria may apply.	The study/subject <i>does not</i> include persons aged 50+.
Immigrant	The study/subject is about or includes immigrants from CALD backgrounds (see note above).	The study/subject does not include immigrants from CALD backgrounds.
Year of publication	Search was focused on items published from 2003 onwards. Key Australian research papers published from 1970s onwards, identified through the reference lists of more recent research, were also included.	Items published pre-1970.
Location of study or population group	Search focused on Australia-based studies and documents. Key international papers, identified through the reference lists of included Australian research, were also included.	Research based outside of Australia not identified as key international papers.
Language	Only English language documents included.	Research publications published in a language other than English.

Nearly half of all items retrieved through the literature searches were excluded using these criteria. This high rate of retrieving irrelevant material is a result of using broad keywords in database searches to ensure no items were missed. Items were excluded because they were not specifically about older people from CALD backgrounds in Australia, the study included mainly or exclusively younger migrants, or the topic was not relevant, for example, research about internal migrants or research about Australian 'minority groups' such as lesbian, gay, bisexual, transgender and intersex (LGBTI) older people.

In total, 465 items were included in this review. Most (422, or 91% of all included items) were published from 2003 onwards. These items fell into the following categories:

- ▶ completed and current Australian studies specifically related to older people from CALD backgrounds and CALD ageing, concentrating on items published from 2003 to 2014;
- ▶ key Australian research published from 1970 onwards identified from the reference lists of more current research;
- ▶ seminal international studies identified from the reference lists of current Australian research were included where appropriate;
- ▶ journal articles, reports, books, book chapters, PhD and Masters theses, conference papers and service provision materials; and
- ▶ other studies that contain data relating to older CALD population groups, but that were not specifically on CALD issues – in particular large national datasets and longitudinal datasets such as the Household, Income and Labour Dynamics in Australia (HILDA), the Australian Longitudinal Study of Women's Health (ALSWH) and the Australian Census of Population and Housing, etc.

Because of the broad topic areas and type of material covered in this review, assessing identified items for quality was a subjective process. Details included in the database for each item (see, e.g. number of participants, description of methodology), allow users to determine if each item meets their particular benchmarks for quality and/or relevance. The publication type (e.g. journal, report) and year of each item included in the database is also identified. This information provides users with context about the quality and relevance of the item. For example, peer-reviewed journal articles have gone through a rigorous process of 'quality control' in order to be published while reports produced by government bodies or organisations may vary in their content and quality. It is important to consider the authors of the publication, the methodology used and the number of people included in any research undertaken. Although the quality of research material included in items such as reports or discussion papers may be more subjective, many of the included reports involve research undertaken by organisations that engage directly with older people from CALD backgrounds or their community groups (including aged care service providers) and findings from these studies are likely to be highly relevant to service providers. Research materials published in journal articles also vary in their level of quality depending on the journal or publication and this should be taken into consideration.

Step 3: Review and catalogue all included items

Relevant items that met the defined inclusion criteria have been included in a database with all relevant fields filled for each included item (see Appendix E for an example). The database was then reviewed by the advisory committee and the results disseminated to key stakeholders, policy makers and service providers. This searchable database is available at www.fecca.org.au.

Step 4: Summarise findings across review topic areas

Chapters 5–8 of this report provide a synopsis of the materials identified in the review across each of the review topic areas. While it was not possible to make reference to all 465 items identified in the review in this report, each item identified in the review is included in the literature database and summarised as per the fields shown in Appendix E. A complete reference list of all items included in the review database, ordered alphabetically by author, is available in Appendix G. Chapter 3 gives a general overview of findings including the number of items identified across each topic area, the type of research materials identified, and common themes that emerged across the literature in all topic areas. Each topic area chapter starts with highlights from the research and describes the type of literature (i.e. number of reports, conference papers, journal articles, etc.) identified in that topic area. Each chapter then describes the material identified across sub-headings. Although a range of materials were identified that provide relevant discussions about older CALD Australians, including radio broadcasts, conference proceedings and Internet resources, only material identified in journal articles, books or book chapters and reports are used to illustrate key findings. These chapters provide an overview of material found but are not designed to draw any conclusions about this material.

Step 5: Identify gaps in the research base and potential areas of future research

Based on the research material identified in the review and input from service providers and researchers who contributed to the review, a number of gaps in the research base have been identified. Chapter 9 outlines these identified gaps and makes a number of recommendations to fill the research gaps to improve understanding of the needs and preferences of older people from CALD backgrounds in Australia.

Appendix E: Template for items in the database

Database field	Example entry
Topic area(s)	General CALD; social inclusion and engagement
Reference	Chui, W. H., D. Ip, C.W. Lui (2007). "Veiled entrapment: a study of social isolation of older Chinese migrants in Brisbane, Queensland." Ageing and Society 27: p719.
Authors	Chui, W.H; Ip, D.; Lui, C.W.
Title	Veiled entrapment: a study of social isolation of older Chinese migrants in Brisbane, Queensland
Publication type	Journal article
Peer Reviewed	Yes
Year	2007
Research aim	To ascertain the problems encountered by older Chinese-Australians in their daily lives and social activities; and to develop policy and service development recommendations, with a view to mitigating their problems, meeting their unmet needs, improving their quality of life, and enhancing their participation in Australian society.
Results/Conclusion	The findings indicate that older Chinese people, and particularly women, experience significant restrictions in their activity patterns, social isolation and loneliness. This is due to English language difficulties and heavy reliance on adult children, and a sometimes misplaced perception that older Chinese people tend to be well looked after by their family members.
Implications/ Recommendations	At the level of city and community services planning, a dedicated social centre for older Chinese persons would provide a meeting place, a locale for social activities, and a focal point for information dissemination about government policies, access to social and health services as well as community events. Most importantly, it would provide better incentives for older Chinese persons to break away from their social isolation.
Key Words	Chinese, quality of life, social participation, family
Cultural Group(s)	Chinese
Age group	60+
Location of study	Brisbane
Number included in study	5 focus groups; 74 community survey respondents
Type of participants	Older Chinese community members, adult children of the older Chinese and service providers.
Description of Methodology	The study used multiple methods, including a literature review, focus group meetings, and a community survey.

Database field	Example entry
Research approach (quantitative, qualitative, mixed method)	Mixed methods
Type of data (primary, secondary, literature review)	Primary
Secondary data sources used	
Specific scales or analytical techniques used	
Notes	

Appendix F: Resources for service providers by topic

Older CALD populations in general

Below are links to some resources identified in the review that may be useful to service providers in understanding the needs of different cultural groups of older CALD populations and links to translated health material.

- ▶ Search portal for a wide range of resources on cultural competence and wellbeing, for use by government, health and community service providers (Centre for Culture, Ethnicity and Health)
<http://www.ceh.org.au/resources>
- ▶ Available from RDNS: Translated health information in different languages, talking books with diabetes information in Greek, Italian, Macedonian
<http://www.rdns.com.au/services-we-provide/information-in-other-languages/talking-books>
- ▶ Culturally inclusive aged care practice guides provide information across a range of topics relevant to service delivery for older people from CALD backgrounds (Centre for Cultural Diversity in Ageing)
<http://www.culturaldiversity.com.au/resources>
- ▶ Demographic profile of the aged population across Victorian LGAs including CALD populations, areas of high dementia and disability, low and high socioeconomic areas and care provision and care funding by area (Victorian Carer Services Network)
<http://www.nrcpguide.infoxchange.net.au/node/64>
- ▶ Resthaven Inc., South Australia produced a report: Understanding the Serbian community
http://www.resthaven.asn.au/links/Brochures/Community_Brochures/serbian-community-report.pdf
- ▶ Emerging needs scoping studies for the following communities of older people from CALD backgrounds
Middle Eastern and North African report:
<http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/HACC/ENSS%20Middle%20East%20and%20North%20Africa%20Report.pdf>
South East Asian report:
<http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/HACC/ENSS%20South%20East%20Asian%20Report.pdf>
South Eastern European report:
<http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/HACC/ENSS%20South%20Eastern%20European%20Report.pdf>
Spanish-Speaking report:
<http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/HACC/ENSS%20Spanish%20Speaking%20Report.pdf>
African communities report:
<http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/HACC/ENSS%20African%20Report.pdf>

Older people from CALD backgrounds with dementia

Links to some of the available kits and resources relating to older CALD Australians and dementia:

- ▶ Dementia help sheets and other resources available in multiple languages from Alzheimer's Australia:
<http://www.fightdementia.org.au>
- ▶ A kit intended for service providers in understanding perceptions of dementia in different ethnic communities provided by Alzheimer's Australia:
<http://www.fightdementia.org.au/common/files/NAT/20101201-Nat-CALD-Perceptions-of-dementia-in-ethnic-communities-Oct08.pdf>
- ▶ Review of CALD dementia resources in Australia (Alzheimer's Australia, 2005)
<http://www.fightdementia.org.au/common/files/NAT/20101201-Nat-CALD-Resources-Review-Report051114.pdf>
- ▶ DVD with guidelines for cognitive assessments requiring interpreters_ENREF_59 (NARI 2012)
http://www.mednwh.unimelb.edu.au/nari_research/nari_research_dementia-rr.html
- ▶ Searchable research portal for dementia research (Dementia Collaborative Research Centres)
<http://www.dementia.unsw.edu.au/>

Ageing and mental health issues for people from CALD backgrounds

Resources about mental health for people working with older people from CALD backgrounds

- ▶ NSW Transcultural Mental Health Centre:
<http://www.dhi.health.nsw.gov.au/tmhc/default.aspx>
- ▶ Mental Health in Multicultural Australia (MHIMA):
<http://www.mhima.org.au/>

CALD carers and carers of older people from CALD backgrounds

Links to a range of resources relating to care for older people from CALD backgrounds and for CALD carers.

- ▶ Links to resources developed under the Community Partners Program and the Partners in Culturally Appropriate Aged Care (PICAC) initiative including tip sheets, resources for different community groups and cultural profiles for specific areas (Centre for Cultural Diversity in Ageing):
<http://www.culturaldiversity.com.au/resources/national-resources-search>
- ▶ Background report on CALD carers in Australia – profile and overview of services and programs (Carers Australia 2012)
<http://www.carersaustralia.com.au/publications/reports/>
- ▶ Resource for CALD carers and those assisting them (Carers Australia)
<http://www.carersaustralia.com.au/about-carers/culturally-and-linguistically-diverse-carers/resources-for-cald-carers/>
- ▶ Working Cross Culturally – A Guide (Multicultural Aged Care)
<http://www.macc.org.au/workingcc.html>
- ▶ Multicultural Aged Care South Australia Library Catalogue provides resources focusing on the cultural and linguistic aspects of aged and community care.
<http://library.macc.org.au/>
- ▶ Resource kit for working with HACC clients from refugee-like backgrounds (NSW Department of Family and Community Services 2011)
<http://www.startts.org.au/media/HACC-Resource-Kit-NSW-Wide-Inserts-included-2011.pdf>
- ▶ Resource list to help support providers to locate and access the relevant information effectively when working and supporting carers from CALD backgrounds (Migrant Resource Centre)
<http://www.miceastmelb.com.au/agedcareclients.htm>
- ▶ Home and personal care services: A guide for service providers working with culturally and linguistically diverse Home and Community Care Clients
<http://www.miceastmelb.com.au/documents/mep/hc&pcguide.pdf>
- ▶ Resources for health workers about working with CALD groups in a culturally appropriate manner (Queensland Health)
http://www.health.qld.gov.au/multicultural/health_workers/for_hlth_workers.asp
- ▶ Resource for data about disability, ageing and carers from the ABS survey of Disability, Ageing and Carers
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

Appendix G: Complete list of references, all items identified in review

- Abbato, S. (2011). *Community Profiles for Health Care Providers*. Queensland Health.
- Abbato, S. and J. Durham (2011). *Ageing your way, my way – working together: Spiritus research into the emerging ageing CALD communities in Brisbane*. Brisbane, Spiritus HACC multicultural program.
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- Access Economics (2006). *Dementia prevalence and incidence among Australians who do not speak English at home*. Prepared for Alzheimer's Australia 38.
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Appendix H: Information about selected Australian longitudinal studies and data resources

45 and Up Study	
Link to study website:	https://www.saxinstitute.org.au/our-work/45-up-study/
Purpose:	'45 and Up' looks at the general health of the ageing population and reports on health problems and areas of concern. The information will then be used to direct future medical research and health care policy.
Location:	New South Wales
Data collection:	Baseline questionnaire was mailed to people in the target age range selected at random from the Medicare Australia enrolment database. The baseline data collected covers more than 250,000 men and women aged 45 and over.
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ In which country were you born? ▶ What year did you first come to live in Australia for one year or more? ▶ What is your ancestry? (up to two selections and fill in the blank) ▶ Do you speak a language other than English at home (yes/no)
Link to list of publications using study data:	https://www.saxinstitute.org.au/publications/45-and-up-study-research/
Publications from study identified in review project:	<p>Feng, X., T. Astell-Burt and G. S. Kolt (2013). <i>Do social interactions explain ethnic differences in psychological distress and the protective effect of local ethnic density? A cross-sectional study of 226 487 adults in Australia</i>. <i>BMJ Open</i> 3(5).</p> <p>Jorm, L. R., S. R. Walter, S. Lujic, J. E. Byles and H. L. Kendig (2010). <i>Home and community care services: a major opportunity for preventive health care</i>. <i>BMC Geriatrics</i> 10.</p> <p>Tran, D. T., L. Jorm, S. Lujic, H. Bambrick and M. Johnson (2012). <i>Country of birth recording in Australian hospital morbidity data: accuracy and predictors</i>. <i>Australian and New Zealand Journal of Public Health</i> 36(4): 310–316.</p> <p>Tran, D. T., L. R. Jorm, M. Johnson, H. Bambrick and S. Lujic (2013). <i>Prevalence and Risk Factors of Type 2 Diabetes in Older Vietnam-Born Australians</i>. <i>Journal of Community Health</i>: 1–9.</p> <p>Weber, M. F., E. Banks and F. Sitas (2011). <i>Smoking in migrants in New South Wales, Australia: Report on data from over 100 000 participants in the 45 and Up Study</i>. <i>Drug and Alcohol Review</i> 30(6): 597–605.</p> <p>Weber, M. F., E. Banks, D. P. Smith, D. O'Connell and F. Sitas (2009). <i>Cancer screening among migrants in an Australian cohort: cross-sectional analyses from the 45 and Up Study</i>. <i>BMC Public Health</i> 9.</p>

Australian Longitudinal Study of Ageing (ALSA)

Link to study website:	http://www.flinders.edu.au/sabs/fcas/alsa/
Purpose:	The general purpose of the ALSA study is to gain further understanding of how social, biomedical and environmental factors are associated with age related changes in health and wellbeing of persons aged 70 years and over. Emphasis is given in the overall study to defining and exploring the concept of healthy, active ageing, particularly in a South Australian context.
Location:	South Australia
Data collection:	11 waves of data collection starting in 1992/3 (n=2,087 people aged 70+) to 2010. n=791 participants included in wave 6 in the year 2000. Average age of participant in 2010 was 91 years old.
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ In which country were you born? ▶ When did you arrive in Australia? ▶ Nationality ('how you describe yourself')? ▶ Do you speak a language other than English at home? ▶ Do you have any difficulty understanding or speaking English? ▶ Are you usually able to carry on a conversation with a person who speaks only English? ▶ What is your preferred language? ▶ Does anyone interpret for you? ▶ Who is your main interpreter?
Link to list of publications using ALSA data:	http://www.flinders.edu.au/sabs/fcas/alsa/bibliography.cfm
Publications from study identified in review project:	None

Australian Longitudinal Study on Women's Health (ALSWH)

Link to study website:	http://www.alswh.org.au/
Purpose:	A longitudinal population-based survey examining the health of over 40,000 Australian women. The project takes a comprehensive view of all aspects of health throughout a woman's lifespan and has an international reputation for its multidisciplinary methodology.
Location:	National
Data collection:	6 waves of data collection to date Old-Cohort (born 1921–26), 1996 (n=12,431) to 2011 (n=4,055) Mid-Cohort (born 1946 – 51), 1996 (n=13,715) to 2010 (10,011)
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ In which country were you born? ▶ When did you move to Australia? ▶ Do you usually speak another language at home other than English? ▶ How well do you speak English?
Link to list of publications using study data:	http://www.alswh.org.au/publications-and-reports/published-papers

Publications from study identified in review project:	Brilleman, S. L., N. A. Pachana and A. J. Dobson (2010). <i>The impact of attrition on the representativeness of cohort studies of older people</i> . BMC Medical Research Methodology 10.
Concord Health and Ageing in Men Project (CHAMP)	
Link to study website:	http://sydney.edu.au/research/opportunities/opportunities/48
Purpose:	The Concord Health and Ageing in Men Project (CHAMP) is one of the world's largest and most comprehensive study of the health of older men ever conducted anywhere in the world. CHAMP involves 1,705 men aged 70 years and older recruited from the community living near Concord Hospital in Sydney's inner west.
Location:	Sydney
Data collection:	1705 men aged 70+ were recruited during 2005 and 2006 and five-year follow-up examinations completed 2013.
Questions relevant to CALD participants:	Not available
Link to list of publications using study data:	http://www.cera.edu.au/cera_publications/pubs_CHAMP.html
Publications from study identified in review project:	<p>Gnjidic, D., F. F. Stanaway, R. Cumming, L. Waite, F. Blyth, V. Naganathan, D. J. Handelsman, D. G. Le Couteur and A. Bayer (2012). <i>Mild Cognitive Impairment Predicts Institutionalization among Older Men: A Population-Based Cohort Study</i>. PLoS ONE 7(9): 1–8.</p> <p>Litchfield, M. J., R. G. Cumming, D. P. Smith, V. Naganathan, D. G. le Couteur, L. M. Waite, F. M. Blyth and D. J. Handelsman (2012). <i>Prostate-specific antigen levels in men aged 70 years and over: Findings from the CHAMP study</i>. Medical Journal of Australia 196(6): 395–398.</p> <p>Nabipour, I., R. Cumming, D. J. Handelsman, M. Litchfield, V. Naganathan, L. Waite, H. Creasey, M. Janu, D. Le Couteur, P. N. Sambrook and M. J. Seibel (2011). <i>Socioeconomic status and bone health in community-dwelling older men: the CHAMP Study</i>. Osteoporosis International 22(5): 1343–1353.</p> <p>Stanaway, F. F., F. M. Blyth, R. G. Cumming, V. Naganathan, D. J. Handelsman, L. M. Waite, P. N. Sambrook, H. M. Creasey, M. J. Seibel and D. G. Le Couteur (2011). <i>Back pain in older male Italian-born immigrants in Australia: The importance of socioeconomic factors</i>. European Journal of Pain 15(1): 70–76.</p> <p>Stanaway, F. F., R. G. Cumming, V. Naganathan, F. M. Blyth, H. M. Creasey, L. M. Waite, D. J. Handelsman and M. J. Seibel (2010). <i>Depressive symptoms in older male Italian immigrants in Australia: the Concord Health and Ageing in Men Project</i>. Medical Journal of Australia 192(3): 158–162.</p> <p>Stanaway, F. F., R. G. Cumming, V. Naganathan, F. M. Blyth, D. J. Handelsman, D. G. Le Couteur, L. M. Waite, H. M. Creasey, M. J. Seibel and P. N. Sambrook (2011). <i>Ethnicity and falls in older men: low rate of falls in Italian-born men in Australia</i>. Urban Studies 40(5): 595–601.</p> <p>Stanaway, F. F., H. L. Kendig, F. M. Blyth, R. G. Cumming, V. Naganathan and L. M. Waite (2011). <i>Subjective Social Support in Older Male Italian-Born Immigrants in Australia</i>. Journal of Cross-Cultural Gerontology 26(2): 205–220.</p>

Study of Disability, Ageing and Carers, Australia (SDAC – an ABS study)

Link to study website:	http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Explanatory%20Notes5002012?OpenDocument
Purpose:	<p>The aim of the survey is to:</p> <ul style="list-style-type: none"> ▶ measure the prevalence of disability in Australia ▶ measure the need for support of older people and those with disability ▶ provide a demographic and socio-economic profile of people with disability, older people and carers compared with the general population ▶ estimate the number of and provide information about people who provide care to people with disability, long-term health conditions and older people. <p>The survey collected data from three target populations:</p> <ul style="list-style-type: none"> ▶ people with disability ▶ older people (i.e. those aged 65 years and over) ▶ people who care for persons with disability, long-term health conditions or older people
Location:	National
Data collection:	Most recent data available in 2012. Similar surveys have been conducted in 1981, 1988, 1993, 1998, 2003 and 2009.
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ Country of birth ▶ Year of arrival in Australia ▶ Main language spoken at home ▶ Proficiency in spoken English
Link to list of publications using study data:	<p>Link to list of releases of this data via the ABS website:</p> <p>http://www.abs.gov.au/AUSSTATS/abs@.nsf/second+level+view?ReadForm&prodno=4430.0&viewtitle=Disability,%20Ageing%20and%20Carers,%20Australia:%20Summary%20of%20Findings~2012~Latest~13/11/2013&&tabname=Past%20Future%20Issues&prodno=4430.0&issue=2012&num=&view=&</p>
Publications from study identified in review project:	<p>Carers Australia (2013). <i>Culturally and linguistically diverse carers in Australia: background report</i>. Carers Australia 40.</p> <p>Jenkins, A., F. Rowland, P. Angus and C. Hales (2003). <i>The future supply of informal care, 2003 to 2013: alternative scenarios</i>. AIHW cat. no. AGE 32 Canberra: AIHW.</p> <p>Hugo, G. (2007). <i>Contextualising the 'crisis in aged care' in Australia : A demographic perspective</i>. Australian Journal of Social Issues 42(2): 169–182.</p> <p>Australian Institute of Health and Welfare (2004). <i>Carers in Australia: assisting frail older people and people with a disability</i>. AIHW Cat No. AGE 41, Canberra: AIHW.</p>

The Dubbo study of the Health of the Elderly

Link to study website:	http://dubbostudy.org/the-dubbo-study-an-australian-prospective-community-study-of-the-health-of-elderly-2/
Purpose:	<p>The Dubbo Study began in 1987 as a longitudinal community study of people born before 1930 living in the town of Dubbo, NSW. The study has classic epidemiological goals, namely to identify patterns and predictors of mortality, hospitalisation and need for residential care. It is a biomedical and social science investigation of healthy ageing, service use, delay of disability and age-related diseases such as cardiovascular diseases and dementia.</p> <p>A new phase to the study began in 2000 to investigate Assets and Health Dynamics in an 'old old' population. The aim of this new phase was to model how three kinds of resources – income and assets, government entitlements and informal care services – modify expected changes in health or family circumstances in later life. The specific objectives were to model hospital use, residential care admission, informal community care, pension and benefit receipt, pharmaceutical benefit use and income and assets in an older cohort.</p>
Location:	Dubbo, New South Wales
Data collection:	<p>1988 – Wave 1 – A group of 2,805 residents (1,233 men and 1,572 women) aged 59–98 were first interviewed in 1988 and have been followed to the present with continuous 'cold pursuit' of death, hospitalisation and residential care data.</p> <p>2000 – Wave 2, 1,089 participants</p>
Questions relevant to CALD participants:	90% of the Wave 1 sample Australia-born. Unable to locate questionnaire.
Link to list of publications using study data:	http://dubbostudy.org/bibliography/
Publications from study identified in review project:	None

Housing, Income and Labour Dynamics in Australia (HILDA)

Link to study website:	http://www.melbourneinstitute.com/hilda/
Purpose:	A household-based panel study which began in 2001. It collects information about economic and subjective wellbeing, labour market dynamics and family dynamics.
Location:	National
Data collection:	11 waves of data collection to date Wave 1 (n=7,862 households and n=19,914 individuals) Wave 11 (households plus n=20,000+ individuals – some continuing, some new)
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ In which country were you born? ▶ In what year did you come to Australia? ▶ Is English the 1st language you learned as a child? ▶ Birthplace of mother and father <p>*Later waves of data collection also contain questions about visa type and citizenship.</p>
Link to list of publications using study data:	http://www.melbourneinstitute.com/hilda/biblio/
Publications from study identified in review project:	Cobb-Clark, D. and S. Stillman (2008). <i>Emigration and the age profile of retirement among immigrants</i> . IZA Journal of Migration 2(20).

Longitudinal Study of Immigrants to Australia (LSIA)

Link to study website:	http://www.immi.gov.au/media/research/lisia/
Purpose:	<p>This study provides outcomes of three groups of migrants. Those who:</p> <ul style="list-style-type: none"> ▶ Arrived in Australia between September 1993 and August 1995 ▶ Arrived in Australia between September 1999 and August 2000 ▶ Either arrived in Australia, or were granted a permanent visa in Australia between December 2004 and March 2005 <p>The outcomes have provided a solid evidence base for assessment of various Commonwealth programs and policies, and have also been used in a wide range of academic research.</p>
Location:	National
Data collection:	<p>LSIA 1 had a sample of 5192 primary applicants</p> <p>LSIA 2 had a sample of 3124 primary applicants</p> <p>LSIA 3 had a sample of 9865 primary applicants</p>
Questions relevant to CALD participants:	Detailed information – immigration data
Link to list of publications using study data:	http://www.immi.gov.au/media/research/lisia/bibliography.pdf
Publications from study identified in review project:	Khoo, S. E. (2010). <i>Health and Humanitarian Migrants' Economic Participation</i> . Journal of Immigrant and Minority Health 12(3): 327–339.

North-West Adelaide Health Study (NWAHS)

Link to study website:	http://www.nwadelaidhealthstudy.org/project_overview.asp http://health.adelaide.edu.au/pros/data/nwahs/
Purpose:	The North West Adelaide Health Study (NWAHS) is a cohort study of chronic disease and health-related risk factors, from both self-reported and biomedically measured information, established to help provide better health for people living in the north-western region of Adelaide.
Location:	South Australia
Data collection:	<p>The cohort study comprises a randomly selected sample of approximately 4000 adults who were recruited during Stage 1 of the study, between December 1999 and July 2003.</p> <p>Stage 2 of the study was conducted between May 2004 and February 2006. Just over 90% of participants helped by completing the telephone and postal questionnaire, and approximately 80% of the cohort returned for their second clinic visit.</p> <p>Stage 3 of the study was conducted between June 2008 and August 2010.</p>
Questions relevant to CALD participants:	<ul style="list-style-type: none"> ▶ Country of birth ▶ Year of arrival in Australia
Link to list of publications using study data:	http://health.adelaide.edu.au/pros/docs/presentations/201212JournalPublicationsacceptedreferencelist.pdf
Publications from study identified in review project:	None

Personality & Total Health through Life Study (PaTH)

Link to study website:	http://crahw.anu.edu.au/research/projects/personality-total-health-path-through-life
Purpose:	The Personality & Total Health (PATH) Through Life project is a large, on-going, population-based, longitudinal cohort study comprising approximately 7500 participants ranging from early to late adulthood. The project aims to track and define the lifespan course of depression, anxiety, substance use and cognitive ability, identify environmental risk and protective factors within these domains, and examine the relationships between depression, anxiety and substance use with cognitive ability and dementia.
Location:	ACT
Data collection:	The PATH Through Life project is a 20 year longitudinal cohort study of 7,485 young (aged 20–24 at baseline), midlife (aged 40–44 at baseline) and older (aged 60–64 at baseline) adults randomly sampled from the electoral roll of the Australian Capital Territory and the nearby city of Queanbeyan.
Questions relevant to CALD participants:	Unable to locate questionnaire
Link to list of publications using study data:	http://crahw.anu.edu.au/research/projects/personality-total-health-path-through-life/published-papers
Publications from study identified in review project:	None

Sydney Older Person Study (SOPS)

Link to study website:	http://www.sesahs.nsw.gov.au/powh/arc/dwnlds/SOPS%20Overview.pdf
Purpose:	The Sydney Older Persons Study was set up in 1992–3 to examine the social, environmental and biological determinants of normal (healthy) ageing and of age-related diseases, disability and service use in the old-old, with 3 year follow-up in 1995–6
Location:	Sydney, New South Wales
Data collection:	<p>Between 1992–3 the Sydney Older Persons Study enrolled two random samples (“veterans” and “community”) of n=647 community-living older people aged 75 to 98 years living in eight LGAs in the Inner West of Sydney (with 17 subjects common to both samples).</p> <p>Longitudinal study of health and ageing in n=630 subjects, over 5 waves of data collection, with equal numbers of men and women.</p>
Questions relevant to CALD participants:	Unable to locate questionnaire
Link to list of publications using study data:	Unable to locate publications list
Publications from study identified in review project:	None

Table H1: Information about other available data resources

Australian Bureau of Statistics (ABS)	
Purpose:	The ABS is Australia's national statistics agency. The ABS provides key statistics on a wide range of economic, environmental and social issues, to assist and encourage informed decision making, research and discussion within governments and the community. The ABS has a number of data collections relevant to information about older and CALD populations including the Survey of Disability, Ageing and Carers Australia, National Health Surveys, statistics about Migration to Australia, ethnicity and the National Population & Housing Census which takes place every five years.
Link to resource:	http://www.abs.gov.au/websitedbs/c311215.nsf/web/Ageing (link to ageing page) http://www.abs.gov.au/websitedbs/c311215.nsf/web/migrant+and+ethnicity (link to ethnicity and migration page)
Australian Data Archive	
Purpose:	The Australian Data Archive (ADA) provides a national service for the collection and preservation of digital research data and to make these data available for secondary analysis by academic researchers and other users.
Link to resource:	http://www.ada.edu.au/ada/home
Australian Institute of Health and Welfare (AIHW)	
Purpose:	The AIHW produces authoritative and comprehensive publications about key health and welfare issues in Australia. It also operates the National Aged Care Data Clearinghouse which supports the development of evidence-based policy and planning in aged care and provides aged care data, including through direct requests, to a range of stakeholders including policy makers, researchers, service providers and consumers.
Link to resource (ageing, disability and carers page):	www.aihw.gov.au www.aihw.gov.au/national-aged-care-data-clearinghouse/

Publications from AIHW identified in review project

Australian Institute of Health and Welfare (2004). *Carers in Australia: Assisting frail older people and people with a disability*. Aged Care Series Canberra: AIHW.

Australian Institute of Health and Welfare (2004). *Community Aged Care Packages census 2002*. Aged care statistics series no. 17. Cat. no. AGE 35. Canberra: AIHW.

Australian Institute of Health and Welfare (2004). *Diversity among older Australians in capital cities 1996–2011*. Canberra, ACT: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (2006). *Dementia in Australia: National data analysis and development*. AIHW cat. no. AGE 53. Canberra: AIHW.

Australian Institute of Health and Welfare (2007). *Older Australia at a glance: 4th edition*. Canberra: AIHW.

Australian Institute of Health and Welfare (2010). *Dementia and the take-up of residential respite care: An analysis using the PIAC cohort*. Cat. no. CSI 9. Canberra: AIHW.

Australian Institute of Health and Welfare (2011). *Dementia among aged care residents: First information from the Aged Care Funding Instrument*. Aged care statistics series no. 32. Cat. no. AGE 63. Canberra: AIHW.

Australian Institute of Health and Welfare (2011). *Pathways in Aged Care: Program use after assessment*. Data Linkage Series no. 10. CSI 10. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Aged care packages in the community 2010–11: A statistical overview*. Aged care statistics series no. 37. Cat. no. AGE 69. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Residential aged care in Australia 2010–11: A statistical overview*. Aged care statistics series no. 36. Cat. no. AGE 68. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Dementia in Australia*. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Older people leaving hospital: A statistical overview of the Transition Care Program 2009–10 and 2010–11*. Aged care statistics series no. 38. Cat. no. AGE 71. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Palliative care services in Australia 2012*. Cat. no. HWI 120. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Younger people with disability in residential aged care: 2010–11*. AIHW bulletin no. 103. Cat. no. AUS 155. Canberra: AIHW.

Australian Institute of Health and Welfare (2013). *Australia's welfare 2013*. Australia's welfare no. 11. Canberra: AIHW.

Australian Institute of Health and Welfare (2013). *Depression in residential aged care 2008–2012*. Aged care statistics series no. 39. Canberra: AIHW.

Australian Institute of Health and Welfare (2013). *Movement between hospital and residential aged care 2008–09*. Data linkage series no. 16. Cat. no. CSI 16. Canberra: AIHW.

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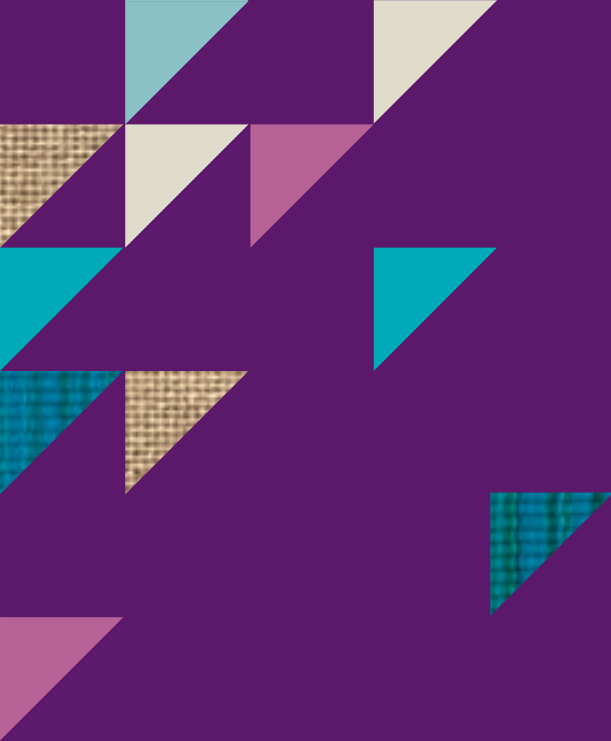
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