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**Australian Institute of
Health and Welfare**

Exploring the aged care use of older people from culturally and linguistically diverse backgrounds: a feasibility study

Working paper 1 2016



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*Authoritative information and statistics
to promote better health and wellbeing*

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Abbreviations

ABS	Australian Bureau of Statistics
ACCR	Aged Care Client Record
ACPR	Aged Care Planning Region
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and linguistically diverse
CDC	consumer-directed care
CHSP	Commonwealth Home Support Programme
DSS	Department of Social Services
DoH	Department of Health
FECCA	Federation of Ethnic Communities' Councils of Australia
HACC	Home and Community Care program
NACDC	National Aged Care Data Clearinghouse
NESB	non-English-speaking background
ROACA	Report on the Operation of the Aged Care Act 1997
ROGS	Report on Government Services

Summary

One-third of older Australians are from culturally and linguistically diverse (CALD) backgrounds (ABS 2012). Knowing how this population group accesses aged care is a key issue in ensuring equitable and need-appropriate service delivery.

The Australian Institute of Health and Welfare (AIHW) has been funded by the Department of Health (DoH) to explore the available data in the AIHW National Aged Care Data Clearinghouse (NACDC). This feasibility study examines options for mapping how older people from migrant CALD backgrounds use aged care services, including historical usage and potential future projections. This work builds on previous recommendations made by the AIHW on best measures to record people's cultural and linguistic diversity in aged care data collections (AIHW 2014).

People from CALD backgrounds can be defined in a number of ways – commonly through the person's country of birth and main or preferred language – but sometimes also through their ethnicity and cultural background, which can broaden the scope to include Aboriginal and Torres Strait Islander people, and people whose parents or ancestors were born in countries where English was not the main language spoken. For the purposes of this review, only the migrant population will be considered, and only through the person's own CALD background, not that of their parents, ancestors or carers.

The AIHW previously recommended that, where a collection has no CALD measures, that as a minimum 'Country of birth' and 'Main language spoken at home'/'Main language other than English spoken at home' are implemented (AIHW 2014). 'Country of birth' is collected reliably across the aged care data sets received by the NACDC. However, 'Main language other than English', alongside other language-based measures such as 'Preferred language', is not consistently available for all NACDC data holdings.

It is important to note that these measures do not, in themselves, measure people's access to services. However, quantifying the proportion of people from CALD backgrounds who use and access different government-funded aged care programs can provide insight into differences between programs and population groups, as well as within the CALD population.

Key findings

Improvements to aged care data collection have been made, but many measures of CALD background are not yet fully available in NACDC data holdings. This should be addressed (see Section 2).

Using available NACDC data holdings, AIHW can quantify the proportion of people from CALD backgrounds – measured primarily through 'Country of birth' – by program type, age and sex, as well as across specific geographical regions (see Section 3).

Using available Australian Bureau of Statistics (ABS) data holdings, AIHW can quantify the overall proportion of the older population that is from CALD backgrounds for specific geographical regions, contrasting this with the proportion that is receiving services in that particular area. Crude usage rates for people from CALD backgrounds, calculated from ABS and NACDC data, will further enhance our understanding of how aged care is being used by this diverse population group (see Section 3).

For future consideration, a staged approach to producing a comprehensive picture of how people from CALD backgrounds use aged care is proposed (see Section 4).

1 Introduction

Access to services for people from culturally and linguistically diverse (CALD) backgrounds is a key consideration for planning for and assessing aged care service delivery. In particular, highlighting the degree to which older people from CALD backgrounds use available services presents a starting point for assessing how effective existing services are at meeting the needs of different population groups, focusing on the Australian migrant population.

1.1 Background

The cultural and linguistic diversity of Australians is increasing particularly sharply among people aged 65 and over. According to the 1981 Census, 12% of older Australians were born in a non-English speaking country. By 2011, this had more than doubled to 25% (ABS 2012). The most common non-English-speaking country of birth for older people was Italy (4% of all older people in 2011, although the proportion slightly reduced between 2001 and 2011). This was followed by Greece, New Zealand and Germany (approximately 2% each, with the proportions slightly increasing between 2001 and 2011). However, among the ‘future old’ – people aged 50–64 in 2011 – an increasing number were born in Asian countries, particularly China. Italian was also the most common language other than English spoken at home by people aged 65 and over in 2011, followed by Greek and Chinese (ABS 2012).

Compared with people born in Australia, people from CALD backgrounds can experience additional barriers to accessing aged care services, such as those caused by lack of English proficiency or the cultural appropriateness of services (FECCA 2015). In addition, people’s cultural expectations and practices influence how they access aged care services, with the importance of informal, family-centred care commonly cited as a factor in why people from some CALD backgrounds do not seek formal aged care (Radermacher & Feldman 2015; Rao et al. 2006). However, the CALD population is diverse: the types of barriers experienced, and the degree to which they influence people’s decisions, vary greatly between different sub-groups (Jeong et al. 2015; Polacsek & Angus 2016).

The *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* was launched in 2012. One of the goals of the national strategy was to improve research and data collection mechanisms to better capture the ageing population’s CALD backgrounds.

1.2 Scope

While Aboriginal and Torres Strait Islander populations form a part of the CALD population, this group has not been included in this discussion, as it warrants its own topic (for further information, see ‘Indigenous people in aged care’ in the annual AIHW web reports on Residential aged care and Home Care). This feasibility study will focus on the older Australian migrant population and potential ways of measuring their aged care use.

1.3 Structure

Section 2: Measuring diversity describes and evaluates the currently available options for measuring CALD populations in the NACDC. This section includes recommendations on continuing improvements to collection methodology.

Section 3: Reporting diversity describes currently available options for reporting on how people from CALD backgrounds use government-funded aged care services. This section includes recommendations on best approaches for utilising available data to support the development of an evidence-base for aged care planning.

Section 4: Next steps suggests a course of action based on the recommendations outlined in Sections 2 and 3 for utilising NACDC data to increase our understanding of how people from CALD backgrounds use care aged care services.

2 Collecting diversity

2.1 Context

Prior research into older people from CALD backgrounds have frequently been fragmented, small in scale and qualitative in nature, seeking to answer questions about particular sub-groups and their experiences of ageing, health or service use (e.g. Jeong et al. 2015; Polacsek & Angus 2016; Radermacher & Feldman 2015; Low et al. 2009). Some sub-groups are frequently studied, while others are not, and findings can be variable (FECCA 2015). In addition, people from CALD backgrounds are often purposefully excluded from studies, particularly if people's English proficiency or other confounding factors such as the circumstances of their migration (for example, their past refugee status, or the recency of their arrival) are identified as issues (Low et al. 2009; Rao et al. 2006). The focus of the study has also commonly been on the cultural competence of the workforce (Gill & Babacan 2012; Hadziabdic et al. 2015; Vrantsidis et al. 2014).

For a comprehensive overview of recent Australian research into older people from CALD backgrounds, see the *Review of Australian research on older people from culturally and linguistically diverse backgrounds: March 2015* (FECCA 2015). The review identified broad topic areas and made suggestions about the direction of future research based on the gaps identified. One of the key recommendations was analysing existing large data sets – such as administrative aged care data – for information about older people from CALD backgrounds. Comprehensive and comparable data could not only answer specific research questions, but also provide information at a broader level. Administrative aged care data held by the NACDC are able to meet this need.

The ABS (1999) has developed Standards for Statistics on Cultural and Language Diversity. Core data items for determining an individual's cultural and linguistic background are 'Country of birth', 'Main language other than English spoken at home', 'Proficiency in spoken English', and Indigenous status (ABS 1999). In 2014, the AIHW supported the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* through identifying and evaluating the measures in use in aged care data sets, and making recommendations for future improvements in data collection. The AIHW recommended that aged care data collections should implement two minimum measures for CALD, 'Country of birth' and 'Main language spoken at home'/'Main language other than English spoken at home'. It was further recommended that 'Main language other than English spoken at home' be used to trigger additional questions on 'Need for interpreter' and 'Preferred language', and the minimum measures could be augmented with additional questions on 'Proficiency in spoken English', 'Year of arrival in Australia', and 'Religious affiliation' (AIHW 2014).

This feasibility study builds on this work by reviewing available data in the AIHW National Aged Care Data Clearinghouse (NACDC) on how older people from CALD backgrounds use and access government-funded aged care services, including the potential for historical usage and future projections. This study explores options for utilising these data to support service delivery and improve planning.

2.2 Aged care data

The two core data items – ‘Country of birth’ and ‘Main language other than English spoken at home’ – are collected for aged care data as mandatory items, and the additional questions on ‘Need for interpreter’ and ‘Preferred language’ have been addressed by the introduction of the central client record in 2015, captured on the Aged Care Client Record (ACCR). This is expected to deliver these data in the future, and implementing an organisational framework and guidelines for supporting older people from CALD backgrounds has been shown to improve the adequacy of, for example, the interpreter services offered (Gill & Babacan 2012; Hadziabdic et al. 2015).

Aged care data are currently spread across a number of collection points, which feed into the ACCR. While the information collected ultimately finds its way into a variety of aged care data sets held by the NACDC, the items within different data sets are not consistent.

‘Country of birth’ is available in all NACDC data holdings, but language-based measures are not standardised across the data holdings – some of the aged care data that the NACDC receive provide ‘Main language spoken at home’, as well as ‘Preferred language’, and some provide one or the other.

There are specific issues with the way these measures are currently captured in aged care data:

- The minimum measures are not applied consistently – while the answers are coded to ABS country and language classifications, the questions do not use a standardised format. Any variation in how a question is phrased can alter how it is understood by the recipient: for example, ‘where are you from?’ is not strictly the same as ‘what is your country of birth?’. The ACCR is attempting to address this by guiding users (screeners and assessors) through questions in the National Screening and Assessment Form (DSS 2015a).
- The Commonwealth Home and Community Care program (HACC) – now the Commonwealth Home Support Programme (CHSP) – uses the minimum measures for both the person and their carer (again, answers are coded as per the standard but questions are not standardised).
- Other programs that also became CHSP use the minimum measures, as well as recording either ‘Proficiency in spoken English’ or provision of service to address absence of English as main language (not fully standardised).
- Language-based measures are not systematically recorded across aged care data as either ‘Main language spoken at home’ or ‘Preferred language’ (the ACCR records both separately as mandatory items, but this has not yet filtered through to the NACDC data holdings – different tables contain different language items, although all have ‘Country of birth’).

The ACCR also collects ethnicity as a mandatory item. In addition, it records measures that relate to ‘Proficiency in spoken English’. The ACCR captures information on ‘requires help to communicate’ (followed by need for translating and interpreting services, if appropriate). This, along with other diversity measures that fall outside of the ABS standards (such as cultural/religious beliefs and gender identity, which may also be recorded on the ACCR), relate more directly to need, service delivery and client-centred care. However, the NACDC does not currently receive data relating to these items.

The proportion of people from CALD backgrounds varies by aged care program. Community-based aged care has the highest proportion of users from CALD backgrounds –

in 2014–15, 27% of Home Care recipients aged 70 and over were from CALD backgrounds, while the number was 19% for residential aged care (and 18% of all HACC users were from CALD backgrounds) (DSS 2015b). In general, more people in aged care nominate a country of birth that is not in the English-speaking world than do a language that is not English (this figure is commonly around 10%). By using a well-defined, relatively immutable construct such as country of birth, the resulting data are comparable across time.

However, as Home Care has transitioned into consumer-directed care (CDC), this may further affect the use of the program by people from CALD backgrounds. A person's care level effectively translates to a sum of money which is spent on services as directed by the consumer – some of these services may be related to case-management of aged care services (and could include interpreting or translation services in the case of people from CALD backgrounds), as well as actual aged care services. It may thus become increasingly difficult to assess how people from CALD backgrounds 'use' some aged care services.

The measures currently used in aged care data collections can identify cultural and linguistic diversity, but not 'need' or 'service delivery' related to this diversity. However, making CALD measures – with particular focus on the mandatory items already collected – available for analysis would be the first step towards comprehensively assessing how people from CALD backgrounds use and access different aged care programs. The depth of information can be further enhanced by fully implementing the four key measures recommended by AIHW (2014).

2.3 Other sources

Beyond aged care data sets, information on people from CALD backgrounds is available at the population level by regions such as remoteness, state or aged care planning region (ACPR). The ABS' population data can be used to identify the proportion of the older population in a specific region who are from CALD backgrounds, either broadly as non-English-speaking countries of birth, regions of birth, or particular countries of birth.

Regular surveys of the aged care industry are carried out through the *Aged Care Workforce Census and Survey* (DSS 2012). It provides information on the ethnic profiles of residential aged care facilities, community-based service outlets, and the aged care workforce itself. Currently data are available for the 2003, 2007 and 2012 surveys. Another survey commenced in June 2016, with results expected to be available early 2017.

The aged care census highlights the changing pattern of Australia's cultural and linguistic diversity – in 2003, 10% of residential aged care facilities catered for specific ethnic/cultural groups. By 2012, this was 26%. Most common ethnic groups catered for are also available in the reports (DSS 2012). The CALD backgrounds seen among aged care workers are notably different from the people being cared for: common ethnicities for aged care workers are Indian, Filipino and African (DSS 2012). Around one-third of aged care workers were born overseas in non-English-speaking countries; and a similar proportion were fluent in a language other than English – up to 5% of the total aged care workforce was more fluent in a language other than English than they were in English (DSS 2012).

2.4 Key findings

1. The minimum measures for identifying people from CALD backgrounds in aged care should be fully implemented in aged care data sets (AIHW 2014). In particular, identifying which language people mainly speak at home is a key aspect of measuring people's cultural and linguistic diversity.
2. Data that are collected through the ACCR should be made available for analysis, with particular focus on the two language-based mandatory items – main language spoken at home and preferred language – to ensure administrative aged care data are comprehensive (AIHW 2014).
3. The items on communication difficulties and need for interpreter should be considered for inclusion where possible to broaden the scope of identifying and reporting on people from CALD backgrounds. The addition of items on cultural and religious beliefs and gender identity would further enhance this. These items present an opportunity to document aspects of cultural and linguistic diversity that are more directly associated with service delivery, and relate directly to special needs groups nominated in the *Aged Care Act 1997*.

3 Reporting diversity

3.1 Context

Current CALD data collection presents a problem for measuring diversity in ways that can capture it beyond merely identifying it. The AIHW's recommended minimum measures – a combination of 'Country of birth', 'Main language other than English spoken at home', 'Preferred language' and 'Need for interpreter' – are not yet fully available for use through the NACDC data holdings.

Projections of the future number of older overseas-born Australians have previously been carried out. The AIHW undertook analyses in 2001 – based on detailed custom projections by the ABS – to estimate the cultural and linguistic diversity of older Australians from 1996 to 2011 and beyond (AIHW 2001; 2004). The projections extended to 2026 and included 'Country of birth' and 'Main language spoken at home', and assumed a zero migration hypothesis, which resulted in a conservative estimate of diversity (for example, by 2011, the proportion of older people from CALD backgrounds was predicted to be 23%). A detailed description of the methodology used is available (AIHW 2001).

This was a large project that produced a report and an additional bulletin, focusing on 'Country of birth' and 'Main language other than English spoken at home' as the key measures. However, its scope was limited to the ageing of the CALD population and the future composition of the overseas-born older population group. While it would be possible to repeat these projections on the cultural and linguistic diversity of older Australians – via a custom data request to the ABS – the original project did not include projections on any future service use. Predicting the increased diversity of the population does not in itself predict or inform use or need.

To achieve this, it would be necessary to combine population projections with projections on service use – both of which would have their own set of limitations and assumptions. It would involve a number of different methodologies and data sources, and the accuracy of any predictions on future aged care service use by people from CALD backgrounds would hinge on the assumptions used, and could not be taken as forecasts. The precision of a model built on population projections and historical data is affected by various mechanisms, as the future cultural and linguistic diversity of the older population can change through late-life migration, and past aged care use may not equal future aged care use as government policy or cultural preferences change.

Currently, government reporting on how people from CALD backgrounds use aged care services focus on 'Country of birth' as the measure. The *Report on Government Services* (ROGS) defines CALD as those born overseas in non-English-speaking countries. 'Access' is further defined as the proportion of CALD aged care service users compared with the aged care target population who are from CALD background(s) (SCRGSP 2016). The *Report on the Operation of the Aged Care Act 1997* (ROACA) also uses non-English-speaking country of birth as the measure for people from CALD backgrounds (DSS 2015b). The measure chosen for both of these government reports reflects the availability of data.

'Country of birth' – possibly represented through regions of birth or a breakdown of non-English-speaking countries of birth compared with Australia and the English-speaking world – would therefore present a likely source for calculating usage rates. This also is in keeping with FECCA's recommendations (2015) that existing data collections be analysed

systematically for information relating to aged care service use by people from CALD backgrounds, and could provide an overview of who uses different services, and how this is changing over time.

3.2 Aged care data

Adapting these approaches, NACDC data holdings could be used to further explore access to aged care services through the proxy measure of current use. The focus would be on community-based (Home Care) and residential aged care, as well as potentially the CHSP (previously HACC).

Crude usage rates can be calculated from NACDC data holdings and ABS data by age and sex for people from CALD backgrounds. In the past, AIHW has reported CALD usage rates in community/residential aged care by the broader region of birth. These could be re-done more systematically, by grouping countries according to ABS' country structures. In particular, it would be possible to calculate usage rates for people from CALD backgrounds (by regions of birth, and/or by individual countries of birth, and/or compared with the Australian-born population of older people), and analyse the proportions of people from CALD backgrounds that have different characteristics relating to service use (need).

In addition to age and sex, usage rates could be examined in more detail by other factors – namely geographic location (ACPR, state/territory or remoteness) – by grouping countries of birth by their English and non-English-speaking status (NESB). While this is not the recommended approach (AIHW 2014), precedent exists in ROGS, and NESB/non-NESB comparison would allow complex information to be simplified. It could offer some insight into how these two groups access services and whether additional factors such as remoteness are associated. Similarly, key countries of birth could be investigated in this way.

The possible scope of future use could be further explored through past service use. Data are available for the past 15–20 years for residential and community-based aged care. While the overall proportions of people from CALD backgrounds in community/residential aged care have remained relatively stable over this time, individual countries or smaller regions of birth could potentially show more change. Demographic data indicate that the numbers of older Australians who are born in certain countries (for example, Greece and Italy) are decreasing as others are increasing (for example, China and Vietnam). This could be expected to influence usage rates for specific countries of birth. While we do not have access to information such as year of arrival in Australia, focusing on particular countries of interest, in line with the broader changing patterns of migration, would allow us to highlight some of the possible future changes in the aged care population.

Depending on the depth of the output that is sought, it would also be possible to introduce further detail on the likely need for residential aged care services. This could be done by examining the variation within the CALD population using specific variables, such as dementia and depression or other information obtained through the Aged Care Funding Instrument (ACFI). While the prevalence of dementia within different population groups in Australia is not well established, prior research suggests that the rates differ between people from CALD backgrounds, people who identify as Aboriginal and Torres Strait Islander, and other people born in Australia (FECCA 2015, Low et al. 2009). For example, NACDC data holdings would allow us to investigate whether there are more people from CALD backgrounds with and without dementia in permanent residential aged care than there are among the Australian-born population in aged care – and this could either/also be done for selected countries of birth, where specific groups such as Greek or Chinese-born are analysed

for the proportions that have the variable of interest. Time series are a further possibility, but restricted to 2008 on most variables (the start of ACFI).

Another potential source of information is the Aged Care Assessment Program (ACAP) and the Pathways in Aged Care (PIAC) database, where the initial information on applications and approvals for care is linked with the aged care services actually used – currently ACAP information sits in a data set of its own, which is not easily linked to other aged care data sets. As people are assessed for aged care, information is collected on their country of birth, and the addition of PIAC database information to this would broaden the possibilities for study. In particular, it would allow exploration of access from a different perspective – for example, whether people from CALD backgrounds take longer to enter care after approval than the Australian-born older population.

However, the updated PIAC database is not yet available for use. ACAP data alone could be used for information such as investigating people’s income sources and living arrangements (cohabitation with others and usual residence), and how these vary by CALD status. While some of these variables could also be examined through the Department’s Casper data cubes, these are currently restricted to residential aged care only. Since the implementation of Home Care in 2013, there are some data quality issues that are yet to be resolved. Due to these issues, residential aged care and CHSP/HACC data are currently more comprehensive and reliable.

3.3 Other sources

ABS population data for CALD populations in specific regions – such as ACPRs – can be compared with the proportion of the population in that region who are using particular aged care services and who are from CALD backgrounds. Lower proportions of service users from CALD backgrounds cannot be used to infer a definite gap in service delivery: the service delivery locations for different types of aged care do not correspond with the current (in Home Care or respite residential aged care) or prior (in permanent residential aged care) location of the person using the service, and affects the conclusions that could be drawn from apparent differences between proportions. However, higher proportions of people from CALD backgrounds in either the overall older population or among service users would suggest a higher need for culturally appropriate aged care services. From later this year onwards, the NACDC will publish aged care data through regional profiles for each ACPR, including a high-level breakdown by people from non-English-speaking backgrounds. Additional detail on people from CALD backgrounds could be presented through this tool.

3.4 Key findings

1. The currently available data best support comprehensive analysis of current use of aged care services by people from CALD backgrounds. It would be possible to also include time series to detail historical use of aged care, but projections on future use by people from CALD backgrounds may be out of scope.
2. Key groups of interest should be highlighted. These can take different forms, from specific countries of birth through to broader categorisations (such as non-English-speaking countries of birth, or regions of birth).

3. Data are also available on other key factors of interest drawn from ACFI records, such as dementia or depression, and other care need information, as well as items drawn from the ACAP. These could be used to show differences within people from different CALD backgrounds, or between people from CALD backgrounds and people born in Australia.
4. Aged care use can be estimated through crude usage rates calculated from NACDC data holdings and ABS data. In addition, these data sources can be jointly utilised to compare the broader population from CALD backgrounds with the population with CALD service users. This has potential to be incorporated into the regional profiles available on the NACDC website.

4 Next steps

Currently the NACDC data holdings provide a starting point for analysing the extent to which people from CALD backgrounds use different government-funded aged care programs, using 'Country of birth' as a proxy measure for CALD background.

There are a number of other variables, beyond geographic location, age and sex, which are available for analysis. Information on the health conditions, care needs and lifestyles of people from CALD backgrounds can be compared either between different CALD backgrounds, or the Australian-born population. These would present additional insights into some of the factors that may affect the use of – and ultimately access to – aged care services for people from CALD backgrounds. Developing a broad view of current and historical use of aged care could form a platform to project future use.

This feasibility study proposes a series of steps to produce a comprehensive view of how people from CALD backgrounds use government-funded aged care based on recommendations 1 to 4 made in Section 3 (Table 1). These recommendations are preliminary and may be revised if work progresses. If the recommendations made in Section 2 are enacted in aged care data collection and the NACDC receives these data, this would change the future scope of possible analyses. The proposed timings are estimates, depending on funding support from key stakeholders and the availability of resources. While the full scope of each potential project is informed by the outcomes of previous steps, it may be possible to carry out different components in parallel.

Table 1: A staged approach to measuring how people from CALD backgrounds use aged care

Potential projects		Proposed content			Proposed timing
		In scope	Key variable(s)	Focus	
Phase 1	Web-based bulletin/report	Residential aged care	Country of birth (aggregated to regions of birth or NESB country of birth) Age and sex State/territory and remoteness ACFI information (dementia or other conditions, potentially care needs)	People from CALD backgrounds in permanent care; how they differ from each other and from the Australian-born population	Late 2016–early 2017
Phase 2	Additional content for regional profiles tool (SAS VA)	Residential aged care and Home Care	Country of birth	Most common countries of birth in each ACPR; compared among older people using aged care and the region's overall older population	Early–mid 2017
Phase 3	Report	Residential aged care and Home Care (and CHSP/HACC)	Country of birth	Current and historical usage rates Highlighting key countries of interest and additional variables as informed by work done for previous two phases	Mid 2017

(continued)

Potential projects		Proposed content			Proposed timing
		In scope	Key variable(s)	Focus	
Phase 4	Pathways	PIAC database	Country of birth (other CALD indicators as available) ACAP information	PIAC for people from CALD backgrounds Scope and feasibility directed by PIAC database, as well as work done for phases 1–3	Late 2017
Phase 5	Projections on future aged care use	Residential aged care and Home Care (and CHSP)	Country of birth	Scope and feasibility directed by work done for phases 1–3	Late 2017 –mid 2018

Initial higher-level findings are suitable for presenting in a web-based product (Phase 1). This could be either a bulletin, or a more comprehensive report, and either of these could be accompanied by supplementary data tables. Such analyses could be produced relatively easily from NACDC data holdings, utilising the comprehensive administrative data available to provide an overview of people from CALD backgrounds in permanent residential aged care in Australia. Exact variables of study are negotiable.

There is a large degree of regional variation in how common a particular country of birth is among the population. The next step of the project (Phase 2) would seek to answer key questions on which countries of birth are common in a given ACPR, and whether there are differences in the most common countries of birth between the older population in aged care, and the older population more generally. Summarising key CALD information in an easy-to-use visual tool would allow planners and service providers to gain important insight into the possible needs and gaps.

Calculating current and historical usage rates of aged care for people from CALD backgrounds (Phase 3) provides a basis for understanding how these population groups use aged care services. In addition, it would be possible to focus on particular aspects of aged care in more detail, such as people from CALD backgrounds in permanent residential aged care who have a recorded diagnosis of dementia. The data would allow us to present information on the prevalence of dementia in people from specific CALD backgrounds, for example for the most common ones such as Italy, Greece and China, and compare this with the Australian-born population in care. The specific CALD backgrounds chosen would likely be influenced by findings at earlier steps.

The PIAC database is expected to be available for analysis by 2017. Utilising this database (Phase 4) would allow for a more detailed examination of how people from CALD backgrounds use aged care, and would extend the scope beyond programs commonly reported on by the NACDC.

The last project (Phase 5) may be viewed as operating in parallel to the previous phase, as these largely draw on information from different aspects of aged care use. The PIAC database is a source of complex information, mapping pathways across different aged care programs, and projecting future use on this would be a significant undertaking. Instead, any projections would also be informed by the findings of earlier steps (Phases 1–3) in the process.

Any progress on how information on people from CALD backgrounds is captured in aged care data collections and disseminated to the NACDC should be reviewed regularly to assess new opportunities to incorporate additional CALD measures into the work.

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