Accurate and consistent identification of those from culturally and linguistically diverse (CALD) backgrounds, along with their service needs, is important to achieving the objectives of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds. This paper presents findings from an evaluation of CALD measures identified in 43 data sets and assessment instruments, and recommendations for implementing the ‘top-10’ measures in aged care data sets.
Cultural and linguistic diversity measures in aged care

Working paper

2014
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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAP</td>
<td>Aged Care Assessment Program</td>
</tr>
<tr>
<td>ACAP MDS</td>
<td>Aged Care Assessment Program Minimum Data Set</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACCNA-ONI</td>
<td>Australian Community Care Needs Assessment-On-going Needs Identification tool</td>
</tr>
<tr>
<td>ACCNA-R</td>
<td>Australian Community Care Needs Assessment tool (Revised)</td>
</tr>
<tr>
<td>ACCR</td>
<td>Aged Care Client Record</td>
</tr>
<tr>
<td>ACFI</td>
<td>Aged Care Funding Instrument</td>
</tr>
<tr>
<td>ACHA</td>
<td>Assistance with Care and Housing for the Aged</td>
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<tr>
<td>ACMID</td>
<td>Australian Census and Migrants Integrated Dataset</td>
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<tr>
<td>ACS</td>
<td>American Community Survey</td>
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<tr>
<td>AHS</td>
<td>Australian Health Survey</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>AODTS NMDS</td>
<td>Alcohol and Other Drug Treatment Services National Minimum Data Set</td>
</tr>
<tr>
<td>ASCL</td>
<td>Australian Standard Classification of Languages</td>
</tr>
<tr>
<td>CACP</td>
<td>Community Aged Care Packages</td>
</tr>
<tr>
<td>CALD</td>
<td>Cultural and Linguistic Diversity</td>
</tr>
<tr>
<td>CENA</td>
<td>Carer Eligibility and Needs Assessment</td>
</tr>
<tr>
<td>CMHC NMDS</td>
<td>Community Mental Health Care National Minimum Data Set</td>
</tr>
<tr>
<td>CRCC</td>
<td>Commonwealth Respite and Carelink Centres</td>
</tr>
<tr>
<td>CSAM</td>
<td>Continuous Survey of Australia’s Migrants</td>
</tr>
<tr>
<td>DIAC</td>
<td>(former) Department of Immigration and Citizenship</td>
</tr>
<tr>
<td>DIBP</td>
<td>Department of Immigration and Border Protection</td>
</tr>
<tr>
<td>DoHA</td>
<td>(former) Department of Health and Ageing</td>
</tr>
<tr>
<td>DS NMDS</td>
<td>Disability Services National Minimum Data Set</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of Social Services</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
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<tr>
<td>DTC</td>
<td>Day Therapy Centre</td>
</tr>
<tr>
<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>EACH</td>
<td>Extended Aged Care at Home</td>
</tr>
<tr>
<td>EACHD</td>
<td>Extended Aged Care at Home Dementia</td>
</tr>
<tr>
<td>FECCA</td>
<td>Federation of Ethnic Communities’ Councils of Australia</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>HACC MDS</td>
<td>Home and Community Care Minimum Data Set</td>
</tr>
<tr>
<td>HCPP</td>
<td>Home Care Packages Program</td>
</tr>
<tr>
<td>HILDA</td>
<td>Household Income and Labour Dynamics in Australia</td>
</tr>
<tr>
<td>NDA</td>
<td>National Disability Agreement</td>
</tr>
<tr>
<td>NDSHS</td>
<td>National Drug Strategy Household Surveys</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Survey</td>
</tr>
<tr>
<td>NILS</td>
<td>National Institute of Labour Studies, Flinders University</td>
</tr>
<tr>
<td>NRCP</td>
<td>National Respite for Carers Program</td>
</tr>
<tr>
<td>NSHS</td>
<td>National Social Housing Survey</td>
</tr>
<tr>
<td>PIAAC</td>
<td>Programme for the International Assessment of Adult Competencies</td>
</tr>
<tr>
<td>RMHC NMDS</td>
<td>Residential Mental Health Care National Minimum Data Set</td>
</tr>
<tr>
<td>SACC</td>
<td>Standard Australian Classification of Countries</td>
</tr>
<tr>
<td>SAR</td>
<td>Service activity report</td>
</tr>
<tr>
<td>SDAC</td>
<td>Survey of Disability, Ageing and Carers</td>
</tr>
<tr>
<td>SDB</td>
<td>Settlement database</td>
</tr>
<tr>
<td>SET</td>
<td>Survey of Education and Training</td>
</tr>
<tr>
<td>SHSC</td>
<td>Specialist Homelessness Services Collection</td>
</tr>
</tbody>
</table>
Summary

Accurate and consistent identification of those from culturally and linguistically diverse (CALD) backgrounds, along with their service needs, is needed to achieve the objectives of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the Strategy).

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

This paper presents findings from a review of 43 data sets and assessment instruments to identify the range of CALD measures employed in survey, census, administrative and research data collections in Australia and internationally. The review identified 11 Australian Bureau of Statistics (ABS) standard measures (excluding Indigenous status) and 30 additional measures.

A set of criteria for evaluating the measures was adopted during a stakeholder workshop, and the 41 measures identified were evaluated according to the criteria and with reference to the Aged Care Act 1997, the goals of the Strategy, and aged care sector standards. The aim was to develop a set of recommendations appropriate to aged care data sets.

Of the 15 aged care data sets reviewed, 10 used the ABS measures ‘Country of birth’ and ‘Main language spoken at home’/‘Main language other than English spoken at home’, although lack of standardisation to the ABS data collection method reduces the comparability of data within data sets, across data sets, and with ABS population data. Two assessment instruments—Australian Community Care Needs Assessment–Ongoing Needs Identification (ACCNA–ONI), and Carer Eligibility and Needs Assessment (CENA)—stand out for the range of CALD measures used: they cover both CALD statistical measurement and the associated service needs (for example, need for an interpreter).

ABS CALD measures provide for statistical measurement of cultural and linguistic diversity, but not the associated service needs. This paper recommends that:

• Data sets without CALD measures should employ, as a minimum, the ABS measures ‘Country of birth’ and ‘Main language spoken at home’, augmented with ‘Interpreter required’, ‘Preferred sex of interpreter’ and ‘Preferred language’, where the main language is other than English.

• Data sets with selected ABS measures should ensure they comply with ABS data collection methods, and where possible, augment the measures to include ‘Interpreter required’, ‘Preferred sex of interpreter’ and ‘Preferred language’, where the main language is other than English.

• ‘Proficiency in spoken English’ and ‘Year of arrival’, along with 3 linked measures that are associated with spirituality, are also recommended for supplemental inclusion.
1 Introduction

Purpose

This project aims primarily to support Goal 6 of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the Strategy), namely:

Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population (DoHA 2012d).

In the course of the investigation, it became apparent that a well-founded and operationalised set of CALD measures would also support Goals 1–5 of the Strategy. Additionally, such a set would support assessors and service providers in meeting the aged care sector’s standards and provide important guidance for CALD considerations within the Aged Care Gateway design. (The Gateway is planned as a single entry point to the aged care system; see section 5 of this paper for further detail.)

Methodology

This project was completed in a series of linked steps.

A sample of 43 data sets and collection instruments was explored, through literature review and internet searching, to identify CALD measures in use, including those in aged care data sets. Appendix A provides a detailed review of each data set or instrument reviewed, summarising, where available:

- data set type
- CALD measures in use
- data collection method
- input and output items, where available
- consistency with ABS core and additional standard CALD measures (see section 3 of this paper).

A summary table of each data set’s consistency with ABS core and additional standard items, a compilation of all identified measures and their frequency of use, along with draft criteria for their evaluation, was prepared for a stakeholder workshop (Appendices B and C).

Departmental stakeholders and in-house experts met in a workshop to finalise criteria for evaluating the identified measures and devised the weighting and scoring approach (see section 4 of this paper, Evaluation of CALD measures: criteria for evaluation).

The identified measures were then evaluated against the agreed criteria during the workshop. Total scores were later calculated for each measure, based on its preliminary score (0–4) and weighting for each criterion (Table 4). The ‘top-10’ measures by ranking were identified and further analysed by utility and specific relevance to the Act, the Strategy and relevant standards (Appendix D).

A review of the concurrence of aged care data sets’ CALD measures with the criteria and with the ‘top-10’ identified measures was then conducted.

Finally, recommendations were developed.
Structure of the report

The report is structured as follows:

• Background — why CALD identification is important and the CALD population in Australia and in aged care
• The collection of CALD data in Australia and internationally — the measures identified and those in use in aged care
• Evaluation of CALD measures — the criteria developed and their application to the CALD measures
• Discussion and recommendations — current practices, designing for the future, and specific recommendations.
2 Background

This section looks at why CALD identification is important when considering ageing and aged care. Population statistics that tell us about people from CALD backgrounds who are ageing are also presented, along with administrative statistics on service use.

Why CALD identification is important

The Productivity Commission’s (2011) inquiry into caring for older Australians observed that aged care services were delivered to people from very different social and cultural backgrounds and that service needs and preferences vary considerably across care recipients. Planning for a diverse potential target population, both in terms of identifying the scope of service need and providing for culturally appropriate service delivery, requires a clear understanding of cultural and linguistic diversity within the population. Partly in response to this, the Australian Government’s aged care reforms aim to promote, among other things, equitable access to aged care services for people with special needs, including those from CALD backgrounds.

But there are many potential barriers to access and use of services by people from CALD backgrounds (Sawrikar & Katz 2008). Although having a CALD background does not necessarily result in a lack of access to services, access can be influenced by factors including proficiency in the English language, availability of interpreter services, and length of stay in Australia (AIHW forthcoming).

Identification of those with CALD backgrounds provides a starting point from which potential barriers to service access and use can be addressed. The nature and magnitude of those barriers varies across and within cultures and can be broadly divided into cultural, structural and service barriers (Sawrikar & Katz 2008).

Barriers influencing access to services among people from CALD backgrounds

The following table summarises barriers to service access and use that have been experienced by people from CALD backgrounds, as identified in the literature (AIHW forthcoming; FECCA 2013; Productivity Commission 2011; Sawrikar & Katz 2008; Social Policy Research Centre 2010).
<table>
<thead>
<tr>
<th>Broad area</th>
<th>Barrier</th>
<th>Aspects</th>
</tr>
</thead>
</table>
| Cultural   | Attitudes to family and caring responsibilities | • roles of women  
• cultural norms that prevent men from engaging with services  
• negative views about ‘relinquishing care’ |
|            | Communication difficulties, related to English proficiency | • capacity to express needs  
• participation in assessment and other processes |
|            | Beliefs, behaviours and preferences | • views on health and disability  
• propensity to use formal care services  
• fear of ‘authorities’  
• concerns about privacy, especially in the use of interpreters |
| Structural  | Awareness of the Australian community care and service system | • lack of awareness of the availability of services  
• lack of accessible information (i.e. information in appropriate languages, and information marketed appropriately) |
| Assessment/Service-related | Cultural appropriateness | • assessment instruments  
• services |
|            | Service providers | • lack of cultural competence and a culturally diverse workforce  
• lack of experience using, or failure to use, interpreters  
• perception of CALD clients as posing additional costs |
|            | Lack of services | • emerging communities |
|            | Negative attitudes | • intolerance  
• prejudice  
• discrimination |
| Additional issues | Individual experiences | • dementia, resulting in the loss of some acquired language and other skills  
• post-traumatic stress, including among refugees and asylum seekers  
• loss of culture and intergenerational culture change  
• increased isolation with reduced networks, as peers die  
• rural or remote location |
Legislation, Strategy goals and standards

There are legislative requirements, Strategy goals and sector standards that together recognise and seek to provide a framework for supporting improved access and equitable distribution of services. These are addressed below.

Legislation

The *Aged Care Act 1997*, section 12-2 (b), requires the Department of Social Services to identify community needs, particularly in respect of people with special needs, as an objective in the planning process. People with ‘special needs’ are identified as:

- people from Aboriginal or Torres Strait Islander communities
- people from culturally and linguistically diverse (CALD) backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
- people who are homeless, or at risk of becoming homeless
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

Clearly, this means that people with special needs must be accurately and consistently identified, both in the community and in their use of aged care programs. In the case of people from CALD backgrounds, this is typically done with measures such as ‘Country of birth’ and ‘Main language other than English spoken at home’.

Many different data sets collect CALD data, and this paper explores the measures that most effectively support the requirements of the Act and, given those currently in use and their utilisation, whether there are measures (and associated procedures) that could better support the Act.

Strategy

The *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* (the Strategy), as noted above, sets Goal 6 as achieving ‘better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population’ (DoHA 2012d).

Government and service providers’ capacity to identify CALD clients and their specific cultural and linguistic needs clearly underpins the principles of the Strategy: inclusion, empowerment, access and equity, quality, capacity building.

In addition to Goal 6, other Strategy goals directly influenced by the need to identify CALD clients and their specific cultural and linguistic needs are:

- ‘Goal 2 – Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise choice in aged care’ requires the department, for example, to:
‘Develop, deliver and promote appropriate multilingual information and education through a whole of department CALD communication framework in order to raise awareness of the full range of aged care and support services and facilitate informed choice of services.’

• ‘Goal 3 – Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services’ requires the department, for example, to:

‘Ensure that the Aged Care Gateway delivers culturally and linguistically appropriate services. This includes through language services and various communication mediums. Where limitations exist, consideration will be given to alternative measures to achieve access.’

Both goals, and their related action areas, require the department to have a clear understanding of the language characteristics of CALD aged care service clients, among other things, to plan for appropriate resources and service system capacity and to target resources appropriately.

**Standards**

All residential aged care facilities are required to maintain quality standards for accreditation, as detailed in the ‘Residential Aged Care – Accreditation Standards’ (Aged Care Standards and Accreditation Agency Ltd 2011; Department of Health 2014d). Standard 3 ‘Resident lifestyle’ follows the principle that ‘Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community’. Of particular note is the related Expected Outcome 3.8 Cultural and spiritual life, where ‘Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered’ (Aged Care Standards and Accreditation Agency Ltd 2011). Hence, it is essential to have the capacity to identify those from a CALD background accurately, along with their cultural and linguistic characteristics, in a way that is standardised across both residential aged care providers and the aged care service system generally.

Community care providers are also required to abide by standards, in this case, the ‘Home Care Standards’ (formerly Community Care Common Standards). Adherence to the standards is assessed in the Quality Review Process, which occurs for each provider as a minimum on a triennial basis (Department of Health 2014c).

The collection of accurate CALD data, in a way that is standardised across both community care providers and the aged care service system generally, is specifically relevant to:

• Standard 1 Effective management
  - Expected outcome 1.2 The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.
  - Expected outcome 1.4 The service provider understands and engages with the community in which it operates and reflects this in service planning and development.
  - Expected outcome 1.7 The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users.
• Standard 2 Appropriate access and service delivery
  – Expected outcome 2.1 Each service user’s access is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.
  – Expected outcome 2.2 Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

• Standard 3 Service user rights and responsibilities
  – Expected outcome 3.1 Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

The consideration of, and arrangements for, ‘people with special needs’ (including those from CALD backgrounds) is also a theme that flows generally throughout the standards (Department of Health 2014c).

The ageing CALD population in Australia

In 2011, more than one quarter (27%) of the Australian population was born overseas, comprising 9% from ‘main English-speaking countries’ and 18% from ‘non-main English-speaking countries’. Among those over 65, however, 36% were born overseas; 22% of those over 65 were from ‘non-main English-speaking countries’ (ABS 2012c).

The overseas-born population has an older age structure than the Australian-born population. At 30 June 2011, 18% of people born overseas were aged 65 and over, compared with 12% of people born in Australia (AIHW 2013c:244).

The actual composition of the Australian population born overseas has been changing in recent decades. In the initial waves of migration after World War II, most migrants were born in north-west Europe, and subsequently migrants were born in southern and eastern Europe (ABS 2012c). However, the proportion of migrants from Europe has been declining in recent years, while migration from Asian countries has been increasing. Among those arriving in 2007 or later, on Census night 2011, 13% were born in India, 12% in the United Kingdom and 7 of the remaining ‘top-10’ countries of birth were in Asia (ABS 2012c).

Given the changing migration patterns over time, at present older migrants are most likely to have been born in European countries and younger migrants more likely to have been born in New Zealand or an Asian country (AIHW 2013c). At 30 June 2013, 6.4 million Australian residents were estimated to have been born overseas, compared with 4.7 million in 2003, with UK-born at 5.3% of Australia’s total estimated resident population, followed by New Zealand (2.6%), China (1.8%), India (1.6%) and Vietnam (0.9%) (ABS 2013g). Between 2003 and 2013, those born in the UK decreased, while those born in New Zealand, China and India increased.

Migration patterns also influence the frequency and range of languages spoken in Australian households. In 2011, longer-standing migrants speaking a language other than English at home most commonly spoke Mandarin (4.3%), Cantonese (4.2%), Italian (3.7%) and Vietnamese (3.2%) (ABS 2012c). Among recent arrivals, 32.6% spoke only English at home, followed by Mandarin (10.8%), Punjabi (3.7%), Hindi (3.3%) and Arabic (3.0%) (ABS 2012c). Among older Australians, 11% spoke another language at home as well as speaking English.
well, while ‘6% of the older population, spoke another language at home, and spoke English poorly. This group included 1.5% of all older people, who did not speak English at all’ (ABS 2012d).

The changing patterns have important ramifications for planning aged care services; there is a need for data-collection measures that are sufficiently sensitive to identify shifts in CALD characteristics and related service needs among service users.

The CALD population in aged care services

The use of aged care services by those with a CALD background varies by program, age and country of birth.

People born in non-main English speaking countries tend to have higher usage rates of Home and Community Care (HACC) and community aged care packages (Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), Extended Aged Care at Home Dementia (EACHD)—now Home Care Packages) than those born in Australia or main English-speaking countries (Table 2).

Additionally, while 29% of residential aged care residents and 32% of respite residents in Australian Government subsidised aged care facilities were born overseas, the most common country of birth for both was the United Kingdom and Ireland (10%). English was the preferred language for the majority of residents in aged care (90% for both permanent and respite residents). The most common other preferred languages were those from Southern and Eastern Europe (around 7% for permanent residents and 8% for respite residents) (AIHW 2013e).

Table 2: Use of selected aged care programs, by country of birth(a) and age, 2010–11 (clients per 1,000 population)

<table>
<thead>
<tr>
<th>Program</th>
<th>Main English-speaking countries(b)</th>
<th>Non-main English-speaking countries</th>
<th>Australian-born</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65–74</td>
<td>75–84</td>
<td>85+</td>
</tr>
<tr>
<td>HACC</td>
<td>73.5</td>
<td>266.9</td>
<td>469.7</td>
</tr>
<tr>
<td>ACAP</td>
<td>9.7</td>
<td>59.1</td>
<td>168.3</td>
</tr>
<tr>
<td>CACP(c)</td>
<td>2.3</td>
<td>13.8</td>
<td>43.6</td>
</tr>
<tr>
<td>EACH &amp; EACHD(c)</td>
<td>1.1</td>
<td>3.6</td>
<td>10.3</td>
</tr>
<tr>
<td>Permanent residential care(c)</td>
<td>6.3</td>
<td>44.8</td>
<td>232.9</td>
</tr>
</tbody>
</table>

(a) Country of birth population data used for the calculation of rates are based on ABS data for 2010. The data were pro-rated from 2010 by 5-year age groups using 2011 total estimated resident population.
(b) Main English-speaking countries are the United Kingdom, Ireland, New Zealand, Canada, the United States of America and South Africa.
(c) Data for CACP, EACH, EACHD and permanent residential aged care are at 30 June 2011.

Note: Packaged care provided under CACP, EACH and EACHD was replaced with the Home Care Packages Program on 1 August 2013, for which data are not yet available.

Source: AIHW 2013c (AIHW analysis of unpublished data from the then DoHA Ageing and Aged Care data warehouse (October 2012); AIHW analysis of unpublished Aged Care Assessment Program data from then DoHA; AIHW analysis of the NSW HACC State Data Repository and the HACC MDS National Data Repository).
3 The collection of CALD data in Australia and internationally

What measures were identified?

The ABS (1999) *Standards for statistics on cultural and language diversity* provide 4 core and 8 other measures ‘to collect all the cultural and language information considered necessary for consistent and accurate measurement of cultural diversity in Australia’. The measures were designed to replace the generic variable ‘NESB’ (non-English speaking background), which was formerly used ‘as a broad measure of culturally related need or disadvantage’ (ABS 1999:v).

The minimum core set of cultural and language indicators is:

- country of birth of person
- main language other than English spoken at home
- proficiency in spoken English
- Indigenous status.

While the ABS (1999) includes ‘Indigenous status’ among its core measures, it also observes that this measure might not be appropriate or useful to collect where the focus is on migrant issues. In the case of aged care data sets, it is important to note that ‘Indigenous status’ will be collected in its own right and not as part of the CALD group. As a result, ‘Indigenous status’ is not considered further in this paper.

The standard set of cultural and language indicators includes the following:

- the minimum core set of cultural and language indicators
- ancestry (a self-assessed measure of ethnicity and cultural background, identifying a person’s origins and heritage (ABS 1999)
- country of birth of father
- country of birth of mother
- first language spoken
- languages spoken at home
- main language spoken at home
- religious affiliation
- year of arrival in Australia.

The review of Australian and international data collections incorporating CALD measures identified a further 30 measures used in surveys, census, administrative data sets, research, and assessment instruments (Appendix C). They could be broadly classified as follows:

- language and communication, including:
  - fluency in languages other than English
  - interpreter services required
  - preferred sex of interpreter
  - language or other cultural knowledge
- language most fluent in
- main language
- preferred language
- whether first spoke a language other than English
- additional service provided to address absence of English language skills

- spirituality (usually termed ‘religious’ beliefs and practices)
  - importance of religion
  - regular attendance at religious services or meetings

- race, ethnicity, national identity
  - ethnic group, ethnic and cultural background
  - national identity
  - nationality
  - race

- citizenship, passports held, visa and migration details
  - citizenship (Australian or other)
  - passports held
  - visa type
  - migration status
  - permanent residency status

- extended family-related CALD characteristics
  - country of birth (father’s father, father’s mother, mother’s father, mother’s mother)
  - main language spoken at home by parent(s)
  - parents’ year of arrival in Australia

- education origins
  - country in which highest qualification completed
  - country on which last year of schooling completed

- miscellaneous
  - CALD background
  - non-English speaking background household

It has not been possible to identify any standard measures for ‘cultural diversity’ (such as diet or cultural traditions) beyond those detailed in Appendix C.

**CALD measures in aged care data sets**

Fifteen aged care data sets and assessment instruments were reviewed, for which 13 had sufficient information available for analysis. Those not further analysed were: the Aged Care Gateway, which has not reached a level of development suitable for assessment, and the Department of Veterans’ Affairs (DVA) aged-related data sets, for which CALD measures are currently under development.
One data set that is central to many of the program-specific data collections is the Aged Care Client Record (ACCR). The record is created following the Aged Care Assessment Team (ACAT) assessment process and ‘feeds’ selected data items into the program-specific collections. Where information is not separately available, it is assumed that each of these data sets will contain the CALD data recorded in the ACCR.

Very few measures of cultural and linguistic diversity are currently found in aged care data sets, the primary two being ABS measures ‘Country of birth’ and ‘Main language spoken at home’ from which ‘Main language other than English spoken at home’ can be derived (Appendix E). Each of the measures found, along with collection methodology, is detailed below.

**Country of birth**

‘Country of birth’ is one of the ABS minimum core set measures and is collected in all aged care data sets, including administrative, survey and census, apart from the Aged Care Workforce Census and the Department of Veterans’ Affairs age-related data sets. (The Aged Care Gateway data entry screens were not available for analysis.)

While ‘Country of birth’ is widely collected, it is only collected using the standardised ABS methodology (Appendix F) in the Aged Care Workforce Survey, the Community Care Census, and the National Respite for Carers Program (NRCP) (for the carer). In the other data sets and instruments, the service provider or assessor generally frames the question based on the ABS concept and subsequent coding of the location according to the Standard Australian Classification of Countries (SACC) (ABS 2011d) occurs. The question can potentially be framed in many different ways (‘What is your birthplace?’, ‘Which country did you come from?’, ‘Where were you born?’, ‘Where do you come from?’), which could yield different answers to what appears to be a simple question. This is especially the case if there are issues related to English proficiency, recency of arrival, concerns with privacy, and migration status. While the standard ABS method cannot guarantee data quality, it forms an important benchmark because every service user has been asked an identical question.

Absence of standardisation in data collection at the service level can have implications for the quality and comparability of data collected. (This is considered further in the discussion in section 5 of this paper.)

**Main language (other than English) spoken at home**

‘Main language other than English spoken at home’ is a core ABS measure.

Eight of the aged care data sets and instruments reviewed used the measure ‘Main language spoken at home’, from which can be derived ‘Main language other than English spoken at home’. Two additional data sets — Day Therapy Centre Program (DTC) and Assistance with Care and Housing for the Aged (ACHA) — identify clients as from CALD backgrounds where, among other things ‘Main language other than English [is] spoken at home’, but the collection method is unclear (DoHA 2012b, 2012c).

The standardised ABS method (Appendix F) for collecting these data does not appear to be followed by any of these data sets or instruments. The *Aged Care Client Record User Guide 2013* (DoHA 2013a) provides a detailed guide to the use of measures without providing standardised questions. Although subtle, there can be differences in results if the question asked diverges slightly from the standard. For example, CACP, EACH, EACHD and NRCP
data collected for the Community Care Census were based on the question ‘What is the main language spoken at home by the care recipient/carer?’, while the ABS standard is ‘Which language [do you] [does the person] mainly speak at home?’ The ABS form emphasises the frequency of the language in use, whereas the aged care data sets could be asking the participant to make a statement of the relative importance of the language.

Some confusion could have arisen because the ABS measure is termed ‘Main language spoken at home’, but it is worded differently in the question to bring out the emphasis on frequency of use. If the aged care data sets are seeking to identify the preferred language of the service user (which appears in the Guide to use of Question 11 of the ACCR User Guide) through the concept of ‘main language’, it would be better to employ a specific ‘Preferred language’ measure, such as used in the CENA instrument.

As noted above, data collection methods and the absence of standardisation can have implications for the quality and comparability of data collected. (This is considered further in the discussion in section 5 of this paper.)

**Proficiency in spoken English**

‘Proficiency in spoken English’ is a core ABS measure, based on self-assessment of proficiency.

The Aged Care Workforce Survey, DTC and ACHA use ‘Proficiency in spoken English’. The Workforce Survey employs a slight variation in wording of the question to the ABS module, while the standardised responses are not worded identically to the ABS module and include an additional category response.

Also, while this measure is used to identify clients of the DTC Program and ACHA as being from CALD backgrounds (DoHA 2012b, 2012c), whether the collection methodology and output are standardised is unclear.

As noted above, the absence of standardisation in data collection methodology can have implications for data quality and comparability. (This is considered further in the Discussion.)

**Additional services provided to address absence of English language skills**

‘Additional services provided to address absence of English language skills’ is used in the Community Care Census and the NRCP.

It is a broad measure that can be used to quantify service output and capacity for supporting a diverse target population; however, the lack of specificity in detailing the ‘additional services’ (with the examples ‘interpreter’ and ‘bilingual brochures’ given), reduces its utility. The measure is standardised in data collection, through a standard question and response.
Additional measures found in assessment instruments

Apart from ‘Country of birth’ and ‘Main language spoken at home’, the three assessment instruments contained CALD measures different from those in the program-based aged care data sets. They include a variety of measures, and ACCNA-ONI and CENA in particular provide for a richness of data that is not reflected in the aged care data sets. Of some note, especially given that the instruments are used, in some jurisdictions, in the assessment of eligibility for service and level of need across NRCP and HACC programs (Centre for Health Service Development 2010), are the measures:

- ethnicity
- interpreter required
- preferred sex of interpreter
- preferred language (if not English).

Notwithstanding the variety, it is important that any measures in use are standardised across assessment instruments, jurisdictions, and in the aged care data sets themselves. It is not clear where the data collected using these instruments are stored, as the measures are not generally compatible with the variables found in the aged care data sets. It is also not clear how these instruments are used by aged care assessors or service providers, and how much of the data collected do not at present find their way into the aged care data sets.

The instruments themselves were not available for detailed analysis.

As noted, it is important that all CALD data collected by assessors is standardised and finds its way into the Aged Care Gateway in a standardised format. (This is considered further in the discussion in section 5 of this paper.)

Existing health and community services metadata standards

Metadata standards describe the expected meaning and acceptable representation of data for use within a defined context. Metadata is often described as ‘data about data’—more fully, it is the underlying definition or structured description of the content, quality, condition or other characteristics of data.

The development of metadata standards improves quality, relevance, consistency and the availability of national information about the health and welfare of Australians. The drivers for standard development arise from the need for better information—whether it is statistical, administrative, clinical or other information. The need for consistency of meaning is vital to facilitate information sharing among primary and secondary users of the data.

In Australia, metadata standards in the health and community services sector (together these cover the aged care sector, and the housing assistance sector, are registered in METeOR—Australia’s repository for national metadata standards, managed by the Australian Institute of Health and Welfare (AIHW). The registry aspects of METeOR have been based on the international standard for metadata registry—ISO/IEC 11179.
All of the ABS core and standard set of cultural and linguistic indicators are registered in METeOR (or can be extended from METeOR items—for example, ‘Country of birth of mother’ can use the Person — country of birth, code (SACC 2011) NNNN data item). In addition, the following data items are registered:

- Person — interpreter service required
- Person — type of interpreter service required
- Person — preferred language
- Person — main language spoken at home.
4 Evaluation of CALD measures

Criteria for evaluation

The workshop of staff from the Department of Social Services (DSS) and the AIHW discussed draft criteria for the evaluation of the CALD measures identified, and agreed to the set detailed in Table 3.

This table also indicates the factors taken into account when each measure was evaluated, and the relative importance of each criterion, which is indicated by the weighting attributed.

The final criterion, Completeness, pertains to an overall rating based on the aggregated set of measures and the method of collection.

Table 3: Criteria for evaluating CALD measures, with weighting

<table>
<thead>
<tr>
<th>Criterion number</th>
<th>Criterion</th>
<th>Factors</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Utility</td>
<td>Has the capacity to identify areas of service need</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supports achieving better practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supports policy development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supports improving data collection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is suitable for subsequent extraction and analysis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Technical performance</td>
<td>Validity</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reliability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sensitivity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Measurement feasibility</td>
<td>Supporting data can be realistically collected</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data will always meet technical performance requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Understandable to service provider and client</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does not add substantially to service provider data collection burden</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Compliance with ABS standards</td>
<td>ABS concept only</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABS concept and standardised coding (such as Standard Australian Classification of Countries(SACC), Australian Standard Classification of Languages (ASCL))</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABS concept and question or response</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABS concept, question and response</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Simplicity</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Completeness</td>
<td>The measures together yield the data and information required</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: The criteria together aim to ensure that the requirements of the Act and the objectives of the Strategy are met.
Evaluation of CALD measures

The 41 CALD measures identified earlier in this project were evaluated during the workshop. The evaluation applied the 5 individual criteria to each measure and gave a rating of 0 to 4, with 0 being the lowest and 4 the highest. This rating took into account the factors detailed in Table 3.

Subsequently, the ratings (0–4) were adjusted according to the weighting (1–5) for each criterion. The results were then calculated for each measure.

The ‘top-10’ measures identified in order of ranking (Table 4) were:

- main language other than English spoken at home
- main language spoken at home
- country of birth
- year of arrival (the first time arrived in Australia to live here for one year of more)
- interpreter services required/used
- preferred sex of interpreter
- proficiency in spoken English
- religious affiliation
- regular attendance at religious services
- importance of religion.

Table 4: CALD measures assessed by criteria

<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency of use (in sample)</th>
<th>Criterion 1</th>
<th>Criterion 2</th>
<th>Criterion 3</th>
<th>Criterion 4</th>
<th>Criterion 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of birth</td>
<td>37</td>
<td>10</td>
<td>16</td>
<td>16</td>
<td>12</td>
<td>8</td>
<td>62</td>
</tr>
<tr>
<td>Main language other than English spoken at home</td>
<td>24</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>12</td>
<td>6</td>
<td>65</td>
</tr>
<tr>
<td>Proficiency in spoken English</td>
<td>16</td>
<td>20</td>
<td>4</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td>ABS Additional Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancestry</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>2</td>
<td>36</td>
</tr>
<tr>
<td>Country of birth (father)</td>
<td>6</td>
<td>0</td>
<td>16</td>
<td>16</td>
<td>12</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Country of birth (mother)</td>
<td>6</td>
<td>0</td>
<td>16</td>
<td>16</td>
<td>12</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>First language spoken</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Language spoken at home</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Main language spoken at home</td>
<td>19</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>12</td>
<td>6</td>
<td>65</td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>8</td>
<td>10</td>
<td>16</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>56</td>
</tr>
<tr>
<td>Year of arrival</td>
<td>19</td>
<td>20</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>62</td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency of use (in sample)</th>
<th>Criterion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional service/s provided to address absence of English language skills</td>
<td>2 15 4 12 0 4</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>CALD background</td>
<td>2 15 0 0 0 0</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>8 5 16 16 0 8</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Country in which highest qualification completed</td>
<td>1 0 16 16 0 6</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Country in which final year of schooling completed</td>
<td>1 0 16 16 0 6</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Country of birth (father’s father)</td>
<td>1 0 12 12 0 6</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Country of birth (father’s mother)</td>
<td>1 0 12 12 0 6</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Country of birth (mother’s father)</td>
<td>1 0 12 12 0 6</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Country of birth (mother’s mother)</td>
<td>1 0 12 12 0 6</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Ethnic group/ethnic or cultural background/ethnicity</td>
<td>7 15 8 12 0 4</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Fluency in languages other than English</td>
<td>1 15 8 8 0 4</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Interpreter services required/intpreter used</td>
<td>4 20 16 16 0 8</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Interpreter preferred sex</td>
<td>2 20 16 16 0 8</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Language or other cultural knowledge</td>
<td>1 10 0 12 0 0</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Language spoken best/most fluent in</td>
<td>2 20 12 16 0 6</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Main language</td>
<td>1 20 12 12 0 6</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Main language spoken at home by parent</td>
<td>1 5 16 16 0 8</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Migration category/type/details/status</td>
<td>6 0 4 4 0 2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>National identity</td>
<td>1 0 4 4 0 2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td>1 10 8 8 0 2</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Non-English speaking background household</td>
<td>1 5 12 12 0 6</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Parents’ year of arrival in Australia</td>
<td>1 5 16 16 0 8</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Passports held</td>
<td>1 0 8 8 0 4</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Permanent residency status</td>
<td>2 5 16 16 0 8</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Preferred language</td>
<td>4 20 12 12 0 6</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>1 0 . 12 0 2</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Regular attendance at religious services or meetings/ frequency in attending religious services</td>
<td>2 20 12 16 0 6</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Religion, importance of</td>
<td>1 20 12 16 0 6</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Visa / visa type / visa subclass</td>
<td>3 0 8 8 0 4</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Whether first spoke a language other than English</td>
<td>1 5 8 12 0 4</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>
The rankings of certain items were determined using a ‘group of measures’ approach, that is, considering how the measure would be used in conjunction with others, and not as an isolated measure. (This is summarised in the table in Appendix D, under the heading ‘Utility’ for each of the ‘top-10’ measures.)

The measure ‘Main language other than English spoken at home’ is usually derived from the subtly different ‘Main language spoken at home’ (Note that the ABS form of the question places emphasis on the frequency with which the language is spoken, rather than the relative importance attributed to the language by the participant.). It is worth considering that, while these measures scored more highly overall than ‘Preferred language’, their utility (criterion 1) was not as high. The workshop agreed that ‘Preferred language’, while more helpful in the service environment, is more challenging with respect to technical performance (criterion 2) and measurement feasibility (criterion 3). This is because of the practicalities involved in consistently explaining what ‘Preferred language’ actually means to those from whom data are collected (bearing in mind that exactly the same words, or module, needs to be used every time to ensure comparability of data collected). It could be feasible to use the measure ‘Main language spoken at home’ to screen for use of a language other than English, and then follow up with a ‘Preferred language’ measure: this would reflect a person-centred approach to data collection and service delivery, while maintaining statistical rigour (considered further in the discussion and recommendations in section 5 of this paper).

The workshop also concluded that value was added to the measure ‘Country of birth’ when combined with ‘Year of arrival’ and ‘Proficiency in spoken English’. This group of measures provides both important diversity data and an insight into the potential need for additional assistance that could be required in navigating service access. The ABS (1999:73) envisages the three measures being used together ‘to examine patterns of settlement difficulties, resulting from inadequate English language skills’.

Further, if the measures ‘Need for interpreter and ‘Preferred sex of interpreter’ are added to the ‘Country of birth’-related measures and ‘Main language’-related measures, powerful data for both policy development in terms of resources and building service capacity, and practical service delivery, will be collected.

As spirituality is an important aspect of diversity within the Strategy, the workshop considered that specific measures are required to address this area, but most measures focus on the expression of ‘religion’ rather than spirituality per se. As the workshop agreed that interest in matters spiritual often increases with age—and is of direct relevance to the Strategy, the standards and service delivery—a group of related measures could be usefully employed. The measure ‘Importance of religion’ could be used to filter for two subsequent measures ‘Religious affiliation’ and ‘Regular attendance at religious services’. These measures together would provide important data for both policy development and clear guidance for service providers on service need.

**Evaluation of CALD measures in aged care data sets**

As noted earlier, very few CALD measures are employed across aged care data sets generally (Appendix E).

Overall, three of the ‘top-10’ measures are used (or can be derived) in a majority of the aged care data sets. But while these measures are conceptually similar to the ABS measures, the means by which they are implemented could raise questions about the comparability of data
collected. Only in some cases is the relevant ABS module employed; generally, assessors or data collectors either frame the question or use a standardised non-ABS version.

In the case of the measures ‘Main language (other than English) spoken at home’, this could be particularly problematic as the approach used by a number of the data sets could put emphasis on the participant’s perception of relative language importance rather than actual frequency of use at home (see Appendix A). It is arguable whether relative importance is in fact more useful for service providers (and may be the reason the data are collected in this way). But a problem arises from the subtle difference in meaning and therefore comparability of data collected across aged care data sets, which, while ostensibly using the same measure, are possibly not measuring identical things.

Beyond these three measures, ‘Proficiency in spoken English’ is used in three data sets that do not employ the standardised ABS method of collection.

Lastly, the Australian Community Care Needs Assessment tool (Revised) (ACCNA-R) and CENA instruments use a greater array of CALD measures than is seen in the aged care data sets, including, importantly, interpreter required, interpreter preferred sex and preferred language; but it is not clear how widely the instruments are used.
5 Discussion and recommendations

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

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

It is clear that very few CALD measures are currently employed in aged care data sets: those that are used tend to be primarily those that are consistent with ABS concepts of ‘Country of birth’ and ‘Main language spoken at home’, but they are subject to variable methods of implementation. As a result, data collected both within a single data set and across data sets are not always directly comparable or appropriate to aggregate into a single collection. There could also be difficulties in comparing data extracted from these data sets because ABS population statistics are based strictly on ABS measures and collection methods.

The range of measures identified in the review of 43 data sets and assessment instruments were not as all-encompassing of CALD characteristics as might have been expected. They tended to focus on place of birth and concepts related to nationality and migration, language and communication, CALD characteristics of wider family members, and spirituality as expressed in relation to religion.

This study found no measures that addressed other aspects of cultural diversity, such as diet or dietary restrictions, culture-specific values, and activities and events related to cultural traditions. The workshop concluded that wider aspects of cultural diversity require future research and analysis.

Service entry points and data collection

The importance of the ACAT assessment in CALD data collection

The ACAT assessment is a common point of CALD data collection because it precedes entry both to residential aged care and a variety of home care packages. People undergoing ACAT assessments could also be referred to other service providers that do not require an ACAT assessment for service, such as the Commonwealth HACC Program and NRCP. As such, the ACAT assessment is ideally positioned both to standardise CALD measures and to ensure methodologically consistent collection of data.

It is important to note that the ACAT assessment is intended to be a ‘multidisciplinary and comprehensive assessment, taking account of a person’s physical, medical, psychological, cultural, social and restorative care needs’ (DoHA 2013d:22). Collection of data concerning CALD characteristics has become a key part of the assessment process itself.
Aged Care Assessment Program (ACAP) 2014 guidelines (Department of Health 2014a, pp.22–23) specify that:

ACATs should identify, facilitate and promote culturally sensitive forms of assessment for people from culturally and linguistically [diverse] backgrounds.

To ensure an accurate exchange of information, independent, qualified interpreters should be used to assist people whose main language spoken at home (or most recent private residential setting) is not English. Client or carer consent regarding the use of an interpreter must be sought in all cases. ACATs in areas with culturally diverse populations should consider engaging liaison workers from relevant backgrounds.

ACATs should be aware of culturally appropriate residential and home care services for frail older people in their region. It would be appropriate to establish links with culturally diverse organisations, services and welfare officers in the region.

Under these conditions, it follows that an ACAT assessment cannot take place without having first established whether a language other than English is primarily in use at home, whether an interpreter is required, and what the preferred language is. Yet apart from ‘Main language spoken at home’, these data items, while in all probability comprising part of the assessment process, are not among those included in the aged care data sets.

As noted earlier, it is not clear how the assessment instruments are used by assessors and service providers and how they could form part of the ACAT assessment. Certainly ACCNA-ONI and CENA include ‘Interpreter required’, ‘Interpreter preferred sex’ and ‘Preferred language (if not spoken English)’. But apart from ‘Country of birth’ and ‘Main language spoken at home’, the CALD measures used in the assessment instruments are not represented in the aged care data sets into which ACAT assessment data flow.

The ACAT assessment records ‘Country of birth’ and ‘Language(s) spoken at home’ (and if more than one, the main language), from which can be derived ‘Main language other than English spoken at home’, which are represented in the ACCR. However the Aged Care Assessment Program Minimum Data Set (ACAP MDS), which draws from these data, contains only ‘Country of birth’.

The future importance of the Commonwealth Home Support Program in CALD data collection

The Commonwealth Home Support Program (DoHA 2014), which starts from 1 July 2015, will combine services currently provided under:

- Commonwealth HACC Program
- NRCP
- DTC
- ACHA.

This will provide an important opportunity to standardise and streamline CALD data collection for basic home support, similar to that which could be achieved by standardising ACAT assessment CALD data collection for more complex care.
Designing for the future

Current problems

Very few CALD measures are currently employed in aged care data sets. The aggregation of the CALD measures employed is insufficient to meet the requirements of the Strategy goals and the sector standards. The current measures support only basic questions related to ‘Country of birth’ and ‘Main language (other than English) spoken at home’ and do not provide insight into specific needs that may arise by virtue of those characteristics.

In addition, the lack of standardisation in the actual method of on-the-ground data collection in relation to the CALD measures, notwithstanding any congruence with the ABS concept, reduces the quality of data collected. This can have implications for the comparability of data collected, within a given data set, across aged care data sets and with ABS population data (so that, for example, service usage rates can be calculated accurately).

Also, the Department of Veterans’ Affairs aged care-related data sets do not currently collect any CALD data, although they are in the process of development.

Important considerations

The development of CALD measures to support the objectives of the Strategy and the aged care sector standards should take into account:

- The need for ‘value-adding’ measures that will together provide both statistical measurement and yield rich data for service improvement:
  - Statistical measurement of cultural and linguistic diversity, which is classically derived from the ABS core and additional standard measures, provides for a broad analysis of diversity in a population. It cannot, however, provide direct evidence of actual or potential service need flowing from the cultural and linguistic diversity identified.
  - CALD measures must include the capacity to inform and support policy, service-capacity planning and improved service delivery. They should take into account real, on-the-ground needs as they are experienced by service users, assessors and service providers.

- Person-centred care:
  - This is the basis of aged care service planning and delivery.
  - Individual service users decide what is important to themselves.
  - With respect to CALD measures, this will be expressed in terms of ‘choice’ measures. For example, the language the service user wants to communicate in (irrespective of which language is mainly spoken at home), how privacy can be respected in the choice to use or not use an interpreter, and what the sex of that interpreter should be.

- The principle of ‘collect once, use often’, within a group of measures:
  - Combining CALD measures to form an integrated group will provide more utility than either any individual measure or the sum of individual measures.
  - Collector and service-user burden can be reduced by the judicious use of screening questions to filter or screen before more detailed questioning proceeds.
• Improvement in CALD data collection will provide a sound basis for improving service delivery, but cultural responsiveness must remain the broader context.

The Aged Care Gateway

The Aged Care Gateway (the Gateway) has a key role to play, both in delivering information about, and ensuring access to, aged care services to service users, seekers and carers. It will also provide a platform for centralised data collection in relation to service users and service providers, to support the work of assessors, service providers, regulators and government.

The Gateway (DoHA 2013e) has several key elements that are being progressively implemented:

• the My Aged Care website and contact centre
• a central client record recording the results of assessment and services provided
• capacity for assessment of need based on a national assessment framework
• capacity for linkage across service systems (including aged care, health, housing, disability) and referral.

The development of improved CALD measures in aged care data sets will support each of these directly:

• the website and contact centre will be able to provide information, referral and interpreters reflecting identified language diversity
• the central client record will be able to collate different elements of CALD data collected by different assessors and service providers. This will support the ‘collect once, use often’ principle
• the capacity for assessment, as well as linkage and referral across service systems, will become increasingly culturally responsive as a wider variety of CALD data are recorded.

The Concept of Operations indicates that a ‘Client Record’ will be created upon ‘registering’ with the Gateway (DoHA 2013b). This record will incorporate:

• essential personal information
• a history of contacts
• a client’s relationship with one or more carers, other agents or advocates
• details of representative(s) nominated by a client or who have been authorised to act on their behalf
• a history of assessments and outcomes
• a history of client consents and agreements to terms and conditions (whichever is applicable)
• notes or alerts about a client, relevant issues of concern and their environment
• a summary of referrals and plans to meet identified needs
• a history of aged care service delivery, where available.

Of central importance to the CALD measures review is the recognition that client data are currently spread across a number of systems (which ultimately find their way into a variety of aged care data sets). The Gateway will establish an entity policy and framework, such that integration of these data can feasibly occur (DoHA 2013b:14).
This will provide an important opportunity to implement an improved group of CALD measures, at the Gateway front end, which could be progressively populated by assessors and service providers over time. It will be critical to ensure that the CALD data collected by assessors and providers be reflected in available fields in the Aged Care Gateway ‘Client record’.

Recommendations

These recommendations are grouped on the basis of the current status of CALD measures within a data set: whether there are no current measures or limited ABS measures. Recommendations for implementation of CALD measures in new data systems are also given.

Data sets with no current CALD measures

Where a collection has no CALD measures it is recommended:

- implement as a minimum:
  - ABS measures ‘Country of birth’ and ‘Main language spoken at home’ / ‘Main language other than English spoken at home’
- consider using the measure ‘Main language other than English spoken at home’ as a trigger question for:
  - ‘Need for interpreter’, a trigger question for ‘Preferred sex of interpreter’
  - ‘Preferred language’
- implement further measures to augment the minimum:
  - ABS measures ‘Proficiency in spoken English’ and ‘Year of arrival in Australia’
  - ‘Importance of religion’, which can function as trigger question for:
    - ABS measure ‘Religious affiliation’
    - ‘Regular attendance at religious services’.

It is also recommended that:

- where an ABS measure is used, the ABS data collection method be adopted and followed consistently
- where a non-ABS measure is used, a standardised data collection method be developed, documented and followed consistently, and associated metadata be developed and registered in METeOR.

Data sets with limited CALD measures

It is recommended that:

- Where a data set is currently using a limited number of ABS measures (in particular ‘Country of birth’, ‘Main language spoken at home’ and ‘Proficiency in spoken English’), ensure that data collection conforms to the ABS methodology so that:
  - the standard question is asked
  - technical manuals detail the question that data collectors should ask and provide guidance on how to maintain the standards in unusual situations
- responses match the latest ABS outputs and classifications.
- Where a data set is using non-ABS measures:
  - compare the measure and its associated data collection with those in use in other aged care data sets to determine how to design a standardised measure and data collection method. Associated metadata should be developed and registered in METeOR.
  - ensure standardisation of data collection within and across aged care data sets, for all non-ABS measures such as ‘Need for interpreter’. This will require standard questions and responses.

It is also recommended that data sets with limited ABS measures consider augmenting the minimum to incorporate:
- using ‘Main language other than English spoken at home’ as a trigger question for:
  - ‘Need for interpreter’, a trigger question for ‘Preferred sex of interpreter’
  - ‘Preferred language’
- ABS measures ‘Proficiency in spoken English’ and ‘Year of arrival in Australia’
- ‘Importance of religion’, which can function as trigger question for:
  - ABS measure ‘Religious affiliation’
  - ‘Regular attendance at religious services’.

**New data systems**

Where new data systems are under development, such as for the Home Support Packages Program and the Aged Care Gateway, it is recommended that a group of value-added CALD measures are employed that will yield both:
- statistical measurement of cultural and linguistic diversity, which is classically derived from the ABS measures, providing for a broad analysis of diversity in a population
- direct evidence of actual or potential service need flowing from the cultural and linguistic diversity identified.

**Final comments**

While the ABS measures provide for statistical measurement of key aspects of cultural and linguistic diversity, there is a striking absence of measures addressing broader issues of cultural diversity, such as those related to diet and cultural traditions. This requires further investigation.

In addition, while it is possible to use existing ABS CALD measures to identify cultural and linguistic diversity, it is not possible to use those measures to identify actual needs arising from the diversity identified. As a result, there are various important measures, such as ‘Need for interpreter’ and ‘Importance of religion’/‘Regular attendance at religious services’, which have no statistical standard but are critical to service delivery quality and improvement, as identified in the Strategy and the standards.

It is suggested that these issues be considered whenever the ABS reviews the standards.

There is also a question of the utility of ‘Main language spoken at home’ for assessors and service providers, hence the recommendation to consider implementing the measure
‘Preferred language’, where it is triggered by a positive response to ‘Main language other than English spoken at home’ and ‘Need for interpreter’.

‘Preferred language’ was slightly outside the ‘top-10’ measures identified, however:

- its theoretical score was not as high as the more established, statistically-oriented measures because it falls into the grey area between statistical measurement of concepts and support for service delivery
- while not part of the CALD identifier group, it provides important information that is a direct corollary of the ‘Need for interpreter’ measure
- it is practical evidence of person-centred service delivery
- it is essential for service delivery of the quality envisaged in the Strategy and by the standards.
Appendix A: Detailed review of select data sets

This Appendix contains detailed information about the data sets that were selected for analysis of CALD measurement. For each data set, details include as many of the following as are available:

- Data set
- Data collected by
- Data set collated by (if different)
- Purpose
- CALD measures summary
- Size
- Data collection method
- Input (includes questions/responses, sample screen shots if available)
- Output
- Comments
- Map to ABS statistical standard on cultural and language diversity (not including Indigenous status).

The data sets reviewed for this project have been grouped according to the type of collection:

- Survey
- Full enumeration
- Administrative
- Research
- Other Australian instruments (used in aged care services)
- International.

The data sets are grouped in this way because the type of collection can influence the ways in which data are collected for CALD measures; that is, whether there is a single, standardised data collection instrument, whether the data collection instrument is self-administered or administered by an interviewer/assessor, and whether a standardised approach to administering the questions applies consistently across all collection locations.

Also, different types of collections have different scopes for depth and complexity of individual measures within the data collection instrument.
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Survey

Survey data sets contain anonymous data that usually have been collected from a sample of the target population. Samples can be designed to be representative of the target population, or they can be samples of convenience.

Survey data sets collecting CALD data can potentially provide key information for policy and service planning. Depending on their particular content, they allow for population projection estimates for the CALD communities.

1. Aged Care Workforce Survey (2012)

<table>
<thead>
<tr>
<th>Data set</th>
<th>Aged Care Workforce Survey (King et al. 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collected by</td>
<td>National Institute of Labour Studies, Flinders University (NILS) for the former Department of Health and Ageing (DoHA)</td>
</tr>
<tr>
<td>Purpose</td>
<td>The aims of the survey were to:</td>
</tr>
<tr>
<td></td>
<td>1. collect detailed information about the workforce that delivers aged care to older Australians in both residential aged care and community care</td>
</tr>
<tr>
<td></td>
<td>2. develop an employer–employee linked data set of all Commonwealth-funded residential facilities and community outlets in Australia, with a sample of their employees.</td>
</tr>
<tr>
<td>CALD measures summary</td>
<td>Measures</td>
</tr>
<tr>
<td></td>
<td>1. Country of birth</td>
</tr>
<tr>
<td></td>
<td>2. Year of arrival in Australia</td>
</tr>
<tr>
<td></td>
<td>3. Citizenship status</td>
</tr>
<tr>
<td></td>
<td>4. Residency status</td>
</tr>
<tr>
<td></td>
<td>5. Migration category</td>
</tr>
<tr>
<td></td>
<td>6. Fluency in languages other than English</td>
</tr>
<tr>
<td></td>
<td>7. Language most fluent in</td>
</tr>
<tr>
<td></td>
<td>8. Language(s) used in the job</td>
</tr>
<tr>
<td></td>
<td>9. Proficiency in spoken English</td>
</tr>
<tr>
<td>Sample size</td>
<td>8,568 workers in residential facilities</td>
</tr>
<tr>
<td></td>
<td>5,214 workers in community outlets</td>
</tr>
<tr>
<td>Data collection method</td>
<td>All facilities and outlets receiving former DoHA funding for specific aged care programs were sent a package with Aged Care Workforce Census and Aged Care Workforce Surveys for completion, along with instructions on how to distribute the surveys to workers to obtain a random sample. Surveys were completed by a sample of care workers employed at a facility or</td>
</tr>
</tbody>
</table>
outlet. (See also, Aged Care Workforce Census, completed by facilities and outlets, under the section ‘Full enumeration’ on page 58 of this paper.)

Workers received information about completing the survey in 10 languages, and they were offered an interpreter service.

The survey was self-reported and could be completed on the paper copy provided or online using a provided username and password.

**Inputs**

(NILS 2012c)

Community aged care worker questionnaire

1. In what country were you born?
   
   Standardised responses
   
   1. Australia
   2. Other (please specify)
      
      [blank space to record response]

2. In what year did you first arrive in Australia to live for six months or more (even if you have spent time abroad since)?
   
   YYYY

3. Are you an Australian citizen?
   
   Yes/No

4. Are you a permanent resident of Australia?
   
   Yes/No

5. Which of the following categories best describes your migration category when you or your family first arrived in Australia to stay?

   (cross one box only)
   
   1. Skilled migrant
   2. Business migrant
   3. Family migrant
   4. Refugee or special humanitarian migrant
   5. New Zealand citizen
   6. None of the above
   7. Don’t know
6. Are you fluent in a language(s) other than English?
   Yes/No

7. What language(s) other than English are you fluent in?
   [blank space to record response]

8. Do you use this language(s) in your job?
   Yes/No

9. Which language are you most fluent in?
   Standardised responses
   1. English
   2. Language other than English
   3. Both equally well

10. How well would you say you speak, read, write English?
    Standardised responses
    1. Not at all
    2. Not very well
    3. Well
    4. Very well
    5. Can’t say

**Outputs**
(As reported in King et al. 2013)
1. Country of birth
2. Year of arrival in Australia
3. Fluency in language other than English
4. Proficiency in spoken English

**Comments**
- The data set was augmented by administrative data about the employers provided by the former DoHA.
- Input item 1 has a slight variation in wording from the ABS minimum-question module, using ‘what’ rather than ‘which’ country.
- Input item 2, Year of arrival, specifies 6 months or more, but ABS specifies one year or more.
• Input data items 6, 7, 8 and 9 refer to languages other than English in which the participant was fluent but this does not map to (main) language spoken at home.

• Input item 10 includes dimensions of reading and writing English in the self-assessment of English proficiency, which are additional to the ABS core item ‘Proficiency in spoken English’.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.

2. Survey of Disability, Ageing and Carers, 2012

Data set SDAC 2012

Data collected by ABS

Purpose The aims of the survey (ABS 2013e) were to:

1. measure the prevalence of disability in Australia
2. measure the need for support of older people and those with disability
3. provide a demographic and socioeconomic profile of people with disability, older people and carers compared with the general population
4. estimate the number of and provide information about people who provide care to people with disability, long-term health conditions and older people.

CALD measures summary Measures

1. Country of birth
2. Year of arrival in Australia
3. Main language spoken at home
4. Proficiency in spoken English

Size 30,524

Data collection method A standardised questionnaire was administered by an ABS interviewer in households and in cared accommodation.
Inputs (ABS 2012e)

1. In which country [was person/were you] born?
   Standardised responses
   1. Australia
   2. England
   3. New Zealand
   4. Italy
   5. Viet Nam
   6. Scotland
   7. Greece
   8. Germany
   9. Philippines
   10. India
   11. Other (uses standardised country coder)

2. In which year did [person/you] first arrive in Australia to live (for one year or more)?
   YYYY

3. Which language [do/does] [name] mainly speak at home?
   (Interviewer – if more than one language, indicate the one that is spoken most often.)
   Standardised responses
   1. English
   2. Italian
   3. Greek
   4. Cantonese
   5. Arabic
   6. Mandarin
   7. Vietnamese
   8. Spanish
   9. German
   10. Hindi
   11. Other (uses standardised language coder)
4. Do you consider [name] [speak/s] English very well, well, or not well?

Standardised responses
1. Very well
2. Well
3. Not well
4. Not at all

**Outputs** (from data item list)

1. Country of birth
2. Year of arrival in Australia
3. Main language spoken at home
4. Proficiency in spoken English

**Comments**

- Input item 1, Country of birth, corresponds with standardised responses revised by the ABS in 2012.
- Input item 3 can be used to derive ‘Main language other than English spoken at home’.

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home (subset of main language spoken at home)</td>
<td>Can be derived</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

3. **Australian Health Survey (core) / National Health Survey**

**Data set**
AHS 2011-13, incorporating among others NHS

**Data collected by**
ABS
Purpose
The survey (ABS 2013c) aimed to collect a range of information from Australians about health-related issues, including health status, risk factors, actions, and socioeconomic circumstances. This included new information on nutrition, physical activity and national biomedical information.

CALD measures summary
Measures (ABS 2013b)
1. Country of birth
2. Ancestry (NHS only)
3. Country of birth of father
4. Country of birth of mother
5. Year of arrival in Australia
6. Main language spoken at home
7. Proficiency in spoken English.

Size
32,000 (core content AHS)
20,500 (NHS component)
12,200 (National Nutrition and Physical Activity Survey - component)

(ABS 2013d)

Data collection method
A standardised questionnaire was administered by an ABS interviewer, in the community.

Inputs
(ABS 2012b, 2013a)
1. Which language [do you/does (selected person name)] mainly speak at home?
   (Interviewer – if more than one language, indicate the one that is spoken most often.)
   Standardised responses
   1. English
   2. Italian
   3. Greek
   4. Cantonese
   5. Arabic
   6. Mandarin
   7. Vietnamese
   8. Spanish
   9. German
   10. Hindi
   11. Other (uses language coder)
2. Do you consider [you speak/(selected person name) speaks] English very well, well, or not well?

Standardised responses

1. Very well
2. Well
3. Not well
4. Not at all

3. What is [your/proxy name] ancestry? [Note – this data item is in the NHS only]

Examples of ‘Other-specify’ are: Greek, Vietnamese, Dutch, Kurdish, Māori, Lebanese, Australian South Sea Islander.

Standardised responses

1. English
2. Irish
3. Scottish
4. Italian
5. German
6. Chinese
7. Australian
8. Other-specify

4. In which country was [your/selected person name’s] father born?

Standardised responses

1. Australia
2. England
3. Italy
4. New Zealand
5. Scotland
6. Greece
7. Netherlands
8. Germany
9. Vietnam
10. Lebanon
11. Other (uses country coder)

5. In which country was [your/selected person name’s] mother born?

Standardised responses (published questionnaire has a mistake in numbering, making Australia 2)

1. Australia
2. England
3. Italy
4. New Zealand
5. Scotland
6. Greece
7. Netherlands
8. Germany
9. Vietnam
10. Lebanon
11. Other (uses standardised country coder)

**Outputs** (from data item list)

1. Ancestry
2. Country of birth
3. Country of birth of Father
4. Country of birth of Mother
5. Year of arrival in Australia
6. Main language spoken at home
7. Proficiency in spoken English

**Comments**

- Input item 1, Main language spoken at home, can be used to derive ‘Main language other than English spoken at home’.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
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<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>Can be derived (subset of main language spoken at home)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 1</td>
<td>Ancestry</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 2</td>
<td>Country of birth (mother)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 3</td>
<td>Country of birth (father)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

4. Continuous Survey of Australia’s migrants

Data set CSAM

Data collected by Department of Immigration and Border Protection (DIBP)

Purpose The survey (DIBP 2014) aims to:

1. provide timely information on the labour market outcomes of recent migrants
2. collect information on housing issues.

CALD measures summary Measures

1. Which language spoken best
2. Proficiency in spoken English

Size Sample of 8,000 records extracted from the Settlement Database (SDB) for each cohort, with varying response rates for each cohort (see Administrative – 18. Settlement Database on page 93 of this paper).

Data collection method The scope of CSAM was limited to Skill Stream and Family Stream migrants. 40,000 primary applicants’ records were initially extracted, with a representative sample of 8,000 records selected, which included name, address and basic demographic information.

The introductory and follow-up surveys were intended for the primary applicant to complete (DIAC 2013a).
1. the first survey was self-reported in reply to a posted questionnaire, using standardised questionnaire, using both standardised and non-standardised responses

2. the follow-up interview survey was by telephone (Computer Assisted Telephone Interview). Each participant was interviewed twice to provide outcomes data.

**Inputs**

**Survey (DIAC 2010b)**

1. What language does this person [you/your current partner if you have one] speak best?
   - Non-standardised responses
     - [blank space to record response]

2. How well does this person [you/your current partner if you have one] speak English?
   - Standardised responses
     1. Very well
     2. Well
     3. Not well
     4. Not at all

**Follow-up phone interview (DIAC 2010a)**

3. What language do you speak best?
   - Standardised responses
     1. Language spoken best same as W1
     2. Language spoken best now English only
     3. Language spoken best now other language (specify)
     4. (Can’t say)
     5. (Refused)

4. How well do you speak English?
   - Standardised responses
     1. Very well
     2. Well
     3. Not well
     4. Not at all
     5. (Can’t say)
6. (Refused)

Outputs

1. Proficiency in spoken English
2. Language spoken best

Comment

- A graphic icon on the initial mailed questionnaire advises that an interpreter is available (local call cost).
- While Input item 2, Proficiency in spoken English, matches the ABS module, Input item ‘4 How well do you speak English’ (telephone follow-up interview) varies from the ABS module.
- The cohort 1 to 5 report on CSAM (DIAC 2013a) includes:
  - ‘Origin’ as ‘Main English speaking country’ or ‘Other countries’; however, this data item does not appear in the questionnaires or follow-up interview schedule, hence it must be derived from the SDB.
  - ‘Main origin country’; however, this data item does not appear in the questionnaires or follow-up interview schedule, hence it must be derived from the SDB.
  - ‘Main languages spoken’; however, the data collection instruments ask the question ‘What language do you speak best’. It is unclear whether this is separate data from the Settlement database (SDB) or ‘main language’ is assumed from ‘language spoken best’.
  - ‘Time since arrival (onshore only)’; however, this data item does not appear in the questionnaires or follow-up interview schedule, hence must be derived from the SDB.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

5. National Social Housing Survey

Data set

NSHS

Data collected by

Lonergan Research for the AIHW

Purpose

The aims of the survey were to develop a better understanding of tenants in 3 social housing programs: public housing,
community housing and state-owned-and-managed Indigenous housing (Lonergan Research 2012). It allows the AIHW to measure:

1. tenant satisfaction with housing amenities
2. attitudes and opinions in relation to services
3. overall satisfaction with social housing and provider
4. demographic information.

**CALD measures summary**

**Measures**

1. Country of birth
2. Main language spoken at home

**Size**

13,381 (2012) (AIHW 2013m)

**Data collection method**

The survey was mailed to a random sample of community housing dwellings, topped up with additional dwellings to meet any shortfall. Participation was voluntary, with self-report and return, using either paper forms or electronic input.

The core questionnaire administered in 2012 was markedly different to that administered in 2010 (Lonergan Research 2012) but the CALD measures remained the same.

**Input**

(AIHW 2013m)

1. In which country were you born?
   Standardised responses
   1. Australia
   2. Other (please specify)
   [blank space to record response]

2. What language do you mainly speak at home?
   Standardised responses
   1. English
   2. Other (please specify)
   [blank space to record response]

**Output**

1. Country of birth
2. Main language spoken at home.

**Comments**

- Input item ‘2. What language do you mainly speak at home’ matches the ABS module apart from a minor word difference ‘what’, instead of which. But it does not include the statement ‘if more than one language, indicate the one spoken most often’.
• Input item ‘2. What language do you mainly speak at home’ can be used to derive ‘Main language other than English spoken at home’.

### Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English</td>
<td>Can be derived</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>spoken at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.


**Data set**

NDSHS

**Data collected by**

Roy Morgan Research for the AIHW

**Purpose**

The survey (AIHW 2013j) aims to:

1. provide data on the level, patterns and trends in the use of tobacco, alcohol and other substances
2. identify groups with a high risk for drug abuse
3. measure community awareness and knowledge of licit and illicit drugs
4. provide data on drug related abuse and potential harm
5. measure community support for various drug-related policies.

**CALD measures summary**

Measures reduced in 2013, compared with 2010

1. Country of birth
2. Year of arrival in Australia
3. Main language spoken at home

**Size**

26,648 (2010)

**Data collection method**

A random sample of households was selected for participation with questionnaires dropped and collected. Participants self-reported.

**Input**

(AIHW 2010, 2013a)

1. In which country were you born?
   (Mark one response only)
   Standardised responses
   1. Australia
2. China
3. Germany
4. Greece
5. Hong Kong
6. India
7. Ireland (Republic of)
8. Italy
9. Lebanon
10. Malaysia
11. Malta
12. Netherlands
13. New Zealand
14. Philippines
15. Poland
16. South Africa
17. Turkey
18. United Kingdom (England, Scotland, Wales, Northern Ireland)
19. USA
20. Vietnam
21. Yugoslavia (the former)
22. Other (please write in) [blank space to write country]

2. In what year did you first arrive in Australia to live here for one year or more?
   Standardised responses
   1. YYYY
   2. Not applicable – will be in Australia for less than one year

3. What is the main language spoken at home?
   (Mark one response only)
   Standardised responses
   1. English
   2. Aboriginal and/or Torres Strait Islander languages
   3. Language other than English

**Output**

1. Country of birth
2. Year of arrival in Australia
3. Main language spoken at home
**Comments**

- Input item 1, Country of birth, does not follow the extended responses in the ABS module.
- Input item ‘3. What is the main language spoken at home’ does not follow the ABS module for detailed or minimum data.
- The questionnaire changed between 2010 and 2013, with the item ‘What is the main language spoken at home’ offering standardised responses, as well as an additional item ‘Other languages spoken at home’ also offering standardised responses, included in 2010 but dropped in 2013 (AIHW 2010, 2013a).

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*No further elements from the ABS minimum core or standard sets.*

★ matches concept but not ABS module, uses standardised instrument.

7. **Survey of Education and Training**

**Data set**

SET

**Data collected by**

ABS

**Purpose**

The SET provides information on individuals’ access to, and experiences in, education, training and learning as well as information on the links between education, training and employment (ABS 2013f).

**CALD measures summary**

Measures

1. County of birth
2. County of birth (mother)
3. Country of birth (father)
4. First language spoken
5. Main language other than English spoken at home (language clusters)
6. Main language spoken at home (English/ not English)
7. Proficiency in spoken English
8. Year of arrival in Australia

**Size**

23,807 (2009)
Data collection method

The survey was administered by an ABS interviewer, using a standardised instrument.

Input

Not available online

Output

1. Country of birth
2. Country of birth (main English-speaking countries)
3. Year of arrival in Australia
4. Australian citizenship
5. Country of birth (father)
6. Country of birth (mother)
7. Country of birth of parents
8. Language first spoken (English/other)
9. Main language other than English spoken at home (language clusters)
10. Main language spoken at home (English/other)
11. Proficiency in spoken English

Comments

The ABS reports that the 2009 SET questionnaire listed the 10 most frequently reported languages first spoken at home and the 10 most frequently reported main languages spoken at home (ABS 2010a:57). However, of the 11 CALD outputs in the data item list, outputs 8, 9 and 10, which all concern language, do not provide specific languages (ABS 2010b).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(a)</th>
<th>Standardised response(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Main language other than</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English spoken at home</td>
<td>Language clusters</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Country of birth (father)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 2</td>
<td>Country of birth (mother)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 3</td>
<td>First language spoken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English/other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 4</td>
<td>Main language spoken at home</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Survey instrument not viewed.
8. Programme for the International Assessment of Adult Competencies

Data set: PIAAC
Data collected by: ABS
Purpose: This is an international survey, coordinated by the OECD, which collected skills and competencies information for people aged 15–74, specifically on literacy, numeracy, and problem solving (ABS 2013h).

CALD measures summary:

Measures
1. Country of birth
2. Proficiency in spoken English
3. Main language spoken at home
4. Year of arrival in Australia

Size: 11,532 households

Data collection method: The survey was administered by an ABS interviewer, and a self-enumerated exercise tested the competencies.

Input: Not available online

Output: (ABS 2013i)
1. Country of birth
2. Year of arrival in Australia
3. Language mainly spoken at home
4. Language first learned in childhood and still understands
5. Self-assessed proficiency in (spoken) English

Comments
- Output item ‘4. Language first learned in childhood and still understands’, has an additional requirement (‘and still understands’) (ABS 2013i) that is not part of the ABS ‘First language spoken’ module, also term ‘learned’ used rather than ‘spoken’.
- ‘Main language other than English spoken at home’ can be derived from Output item ‘3. Language mainly spoken at home’.
### Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Standardised response&lt;sup&gt;(a)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>Can be derived</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Subset of main language spoken at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 4</td>
<td>First language learned (and still understood)&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

<sup>(a)</sup> Survey instrument not viewed.

<sup>(b)</sup> Uses term 'learned' rather than 'spoken' and adds additional requirement 'and still understood', which is not in the ABS module.

## 9. Household Income and Labour Dynamics in Australia survey

**Data set**

HILDA

**Data collected by**

Melbourne Institute of Applied Economic and Social Research, University of Melbourne (Melbourne Institute), for DSS.

**Purpose**

This is a longitudinal survey investigating family, household formation, income and work (Summerfield et al. 2013).

**CALD measures summary**

Measures are aggregated across waves and instruments

1. Country of birth
2. Proficiency in spoken English
3. Year of arrival in Australia
4. Country of birth of father
5. Country of birth of mother
6. Whether English was first language spoken as a child
7. Importance of religion
8. Religious affiliation
9. Frequency in attending religious meetings/events
10. Australian Citizenship
11. Permanent residency
12. Visa
13. Migration category
14. Country in which schooling completed
16. Country in which highest level of qualification obtained

Size

The original sample was drawn from Australian households in private dwellings. All members of the household were interviewed in wave 1 (19,914) of the survey. The sample was extended to include new household members over time. From wave 9, new household members that arrived in Australia for the first time after 2001 were also added to the sample. The sample was replenished in wave 11 with members from an additional 2,153 households. (Summerfield et al. 2013, pp. 2–3)

Data collection method

In wave 1, the HILDA survey used 4 instruments, 3 were interviewer-administered and the fourth was self-completed. The first, the Household form, is a master document identifying the composition of the household at first contact. It contains no CALD data. The second is the Household questionnaire, which originally contained no CALD data, but in wave 11, the Top-Up Household form included additional questions from the wave 1 Household survey, one being the CALD characteristic ‘how well speaks English’.

The third instrument, the Person questionnaire, contains biographical information including CALD data.

After wave 1, the Person questionnaire was replaced with two instruments, the Continuing Person questionnaire and the New Person questionnaire, which were also administered by an interviewer. The Continuing Person questionnaire did not repeat biographical data that needs to be collected only once, including questions about country of birth and language. Later waves included further biographical information about language proficiency (wave 2) and visa category (wave 4).

The New Person questionnaire contains the additional biographical information, and includes country of birth, language, and visa category.

A second instrument, the Self-completion questionnaire, is collected by the interviewer at a later date; wave 4 introduced a new CALD measure concerning religion.

Most questions are repeated each year, apart from the biographical data as described above; there is also some rotating content (Summerfield et al. 2013).

This summary includes all the CALD measures used across waves.

Input

**Wave 1 Person questionnaire** (AC Nielsen 2001)

1. In which country were you born?

   Standardised responses
   
   1. Australia
   2. United Kingdom
3. Ireland/Eire
4. New Zealand
5. China (excluding Taiwan)
6. Germany
7. Greece
8. Hong Kong
9. Italy
10. Malaysia
11. Netherlands
12. Philippines
13. Viet Nam
14. Other (specify) – Father

[blank space to record response]

2. In what year did you first come to Australia to live for 6 months or more (even if you have spent time abroad since)?
   YYYY

3. Is English the first language you learned to speak as a child?
   Yes/No

4. In which country was your father born?
   And your mother? In which country was your mother born?
   Standardised responses
   1. Australia
   2. United Kingdom
   3. Ireland/Eire
   4. New Zealand
   5. China (excluding Taiwan)
   6. Germany
   7. Greece
   8. Hong Kong
   9. Italy
   10. Malaysia
   11. Netherlands
   12. Philippines
   13. Viet Nam
   14. Other (specify) – Father
5. Did you do your last year of school overseas?
   Yes/No

6. In what country was that?
   Standardised responses
   1. United Kingdom
   2. Ireland/Eire
   3. New Zealand
   4. China (excluding Taiwan)
   5. Germany
   6. Greece
   7. Italy
   8. Hong Kong
   9. Malaysia
   10. Netherlands
   11. Philippines
   12. Viet Nam
   13. Other (specify)
      [blank space to record response]

7. In which country did you complete your highest qualification?
   (If two or more qualifications at the same level ask for most recent.)
   Standardised responses
   1. Australia
   2. United Kingdom
   3. Ireland/Eire
   4. New Zealand
   5. Italy
   6. Viet Nam
   7. China (excluding Taiwan)
   8. Greece
9. Germany
10. Philippines
11. Netherlands
12. Hong Kong
13. Malaysia
14. Other (specify)
    [blank space to record response]

For the interviewer, post-interview
Did the respondent have any of the following problems which may have affected the interview?
d. English was a second language
e. Other language problems

Was this interview completed with the assistance of a third party (e.g. such as an interpreter or another member of the family?)
Yes/No

What was the reason the interview had to be assisted?
   English language difficulties
   Sickness or disability
   Other

**Wave 2 Continuing Person questionnaire** (new CALD items)
(AC Nielsen 2002)
8. Do you speak a language other than English in this home?
   Yes/No

9. Would you say you speak English …
   Standardised responses
   1. Very well
   2. Well
   3. Not well
   4. Not at all

**Wave 4 Continuing Person questionnaire** (new CALD items)
(AC Nielsen 2004b) (subsequent waves included ‘refused’ response)
10. Are you an Australian citizen?
   Yes/No/Don’t know

11. Are you a permanent resident of Australia?
   Yes/No/Don’t know

12. Were you a New Zealand citizen when you arrived in Australia?
   Yes/No/Don’t know

13. Did you (and your family) come to Australia as refugees or under a humanitarian migration program?
   Yes/No/Don’t know

14. Were you the primary applicant for an Australian visa or was it someone else in your family?
   Self/Someone else/Don’t know

15. Does that person currently live in the household?
   Yes/No

16. Looking at SHOWCARD AA11, which of the following categories best describes your migration category when you or your family first arrived in Australia?
   (What we are interested in here is the visa status of the Principal Applicant of the family.)
   Standardised responses
   1. Skilled migrant
   2. Business migrant
   3. Family migrant
   4. Refugee or Special Humanitarian migrant
   5. New Zealand citizen
   6. None of the above
   7. Don’t know

**Wave 4 Self completion questionnaire** (new CALD items) (AC Nielsen 2004a)

17. On a scale from 0 to 10, how important is religion in your life? The more important it is, the higher the number of the
box you should cross. The less important it is, the lower the number of the box you should cross.

18. Which of the following best describes your religion? (cross one box only)
   Standardised responses
   1. No religion
   Christian religions
   2. Anglican (Church of England)
   3. Baptist
   4. Catholic
   5. Lutheran
   6. Greek Orthodox
   7. Other Orthodox
   8. Presbyterian/Reformed
   9. Uniting Church
   10. Other Christian religion (please specify on the box below)
       [black space to record response]
   Other religions
   11. Buddhism
   12. Hinduism
   13. Islam
   14. Judaism
   15. Other non-Christian religion
       [blank space to record response]

19. How often do you attend religious services? Please do not include ceremonies like weddings and funerals. (Cross one box)
   Standardised responses
   1. Never
   2. Less than once a year
   3. About once a year
   4. Several times a year
   5. About once a month
   6. 2 or 3 times a month
   7. About once a week
   8. Several times a week
   9. Every day
**Wave 11 Household form, top up** (new CALD items) (Roy Morgan Research 2011)

20. Is English the only language […] speaks in this home?
   Yes/No

21. How well would you say […] speaks English?
   Standardised responses
   1. Very well
   2. Well
   3. Not well
   4. Not at all

**Wave 14 New Person questionnaire, dress rehearsal** (slightly altered responses to CALD item Country of birth) (Melbourne Institute 2014)

22. In which country were you born?
   Standardised responses
   1. Australia
   2. China (excludes Hong Kong, Macau, Taiwan)
   3. Germany
   4. Greece
   5. Hong Kong
   6. Ireland/Eire (excludes Northern Ireland)
   7. Italy
   8. Malaysia
   9. Netherlands
   10. New Zealand
   11. Philippines
   12. United Kingdom
   13. United States of America
   14. Vietnam
   15. Other (please specify)

**Output**

1. Country of birth
2. Proficiency in spoken English
4. Year of arrival in Australia
5. Country of birth of father
6. Country of birth of mother
7. Whether first spoke a language other than English as a child
8. Importance of religion
9. Religious affiliation
10. Frequency in attending religious meetings/events
11. Australian citizenship
12. Permanent residency
13. Visa
14. Migration category
15. Country in which schooling completed
16. Country in which highest level of qualification obtained

Comments
• Input items 1, 4 and 22, Country of birth, is asked in the standard ABS format, but the standardised responses are similar but not identical to the ABS responses (both 1999 and 2012) in both early and later (modified) waves. Countries are coded to the ABS SACC.
• Input item 2, Year of arrival, specifies ‘to live for 6 months or more’, while the ABS standard is one year or more.
• Input item 3, First language spoken, does not allow for the specification of which language it was, apart from English. It was adapted from the ABS 1993 Survey of Training and Education (Summerfield et al. 2013:166)
• Input items 9 and 21, English proficiency, is similar but not identical to the standard ABS format, and the standardised responses are identical.
• Input items 12–16 concerning visas were ‘designed in collaboration with officers from the [then] Department of Immigration and Multicultural Affairs. The question sequence closely follows a similar sequence included in the ABS Monthly Population Survey, November 1999 (Characteristics of Migrants supplement)’. (Summerfield et al. 2013:167)
• Input item 18, Religion, does not follow the ABS standard question format. The pre-coded response categories were selected on the basis of the most frequent responses to the 2001 Census (Summerfield et al. 2013:176).
• CALD variables are primarily grouped under ‘Ancestry’, ‘Family Background’ and ‘Migration’. (Summerfield et al. 2013: 27–30)
### Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 2</td>
<td>Country of birth (father)</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 3</td>
<td>Country of birth (mother)</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td></td>
<td>First language spoken as a child</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 4</td>
<td>Religious affiliation</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
</tbody>
</table>

**No further elements from the ABS minimum core or standard sets.**

★matches concept but not ABS module, uses standardised instrument.
Full enumeration

1. Aged Care Workforce Census (2012)

Data set
Aged Care Workforce Census (King et al. 2013) completed by all residential aged care facilities and community care outlets (see also, Aged Care Workforce Survey, under the section Survey)

Data collected by
National Institute of Labour Studies, Flinders University (NILS) for the former DoHA

Purpose
The aims of the survey were to:
1. collect detailed information about the workforce that delivers aged care to older Australians in both residential aged care and community care
2. develop an employer-employee linked data set of all Commonwealth-funded residential facilities and community outlets in Australia.

CALD measures summary
Measures
1. cultural or ethnic group/s to which the service outlet caters
2. staff employed with language or other cultural knowledge to cater to cultural or ethnic group/s
3. most common ethnic or cultural background of care workers who speak a language other than English as their first language

Size
2,481 residential facilities
1,357 community outlets

Data collection method
All facilities and outlets receiving former DoHA funding for specific aged care programs were sent a package with Aged Care Workforce Census and Aged Care Workforce Surveys for completion.

Managers completed the Census on behalf of the facility or outlet using a standardised questionnaire with standardised responses.

Inputs
Common to both Community care outlets and Residential aged care facilities (NILS 2012a, 2012b)
1. Does your [service outlet/facility] aim to cater for specific cultural or ethnic groups?
   Yes/No
2. For which cultural or ethnic group/s does your [service outlet/facility] cater? (Cross all relevant boxes)

Standardised responses
1. Aboriginal and/or Torres Strait Islander
2. Chinese
3. Dutch
4. Gay, lesbian, bisexual, transgender, intersex
5. Greek
6. Italian
7. Polish
8. Other (please specify)

3. Does your [service outlet/facility] employ staff with particular language or other cultural knowledge to cater to the group/s above?
   Yes/No

4. Does your facility employ [CCWs [Community Care Workers]/PCAs [Personal Care Attendants]] from culturally and linguistically diverse backgrounds?
   Yes/No

5. What is the most common ethnic or cultural background of [CCWs/PCAs] who speak a language other than English as their first language? (cross one box only)

   Standardised responses
   1. African
   2. Chinese
   3. Filipino
   4. Greek
   5. Indian
   6. Italian
   7. Pacific Islands
   8. Other (please specify)
Outputs

1. Care workers from CALD backgrounds
2. Ethnic groups of care workers

Comments

• The data set was augmented by administrative data about the employers provided by the former DoHA.
• Input item 1 appears to be used as a proxy for language spoken (King et al. 2013:111).
• This Census cannot be directly compared with service user data collection as it collects data on facilities and outlets. Nevertheless, it provides standardised survey questions and responses that deal with the CALD characteristics of staff.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No elements from the ABS minimum core or standard sets.

2. **Australian Census of Population and Housing**

Data set          Census

Data collected by  ABS

Purpose

The objective of the Census is to accurately measure the number and key characteristics of people who are in Australia on Census night and the characteristics of the dwellings in which they live (ABS 2012a).

CALD measures summary

Measures

1. Country of birth
2. Proficiency in spoken English
3. Ancestry
4. Country of birth (father)
5. Country of birth (mother)
6. Language spoken at home
7. Religious affiliation
8. Year of arrival
9. Citizenship

Size

21,507,717
Data collection method

The 2011 Census was conducted on 9 August 2011. Participants were approached by ABS collectors, and participated by eCensus (electronic submission of information), or paper forms left by the collector who returned subsequently to collect the form, or return by post. The Census is self-reporting using a standardised questionnaire household form (ABS 2011c).

Input

(ABS 2011a)

1. Is the person an Australian citizen?
   Yes/No

2. In which country was the person born?
   Standardised responses
   1. Australia
   2. England
   3. New Zealand
   4. Italy
   5. Vietnam
   6. India
   7. Scotland
   8. Other—please specify
      [blank space to record response]

3. In which year did the person first arrive in Australia to live here for one year or more?
   YYYY
   or, Will be in Australia for less than one year

4. Was the person’s father born in Australia or overseas?
   Standardised responses
   1. Australia
   2. Overseas

5. Was the person’s mother born in Australia or overseas?
   Standardised responses
   3. Australia
   4. Overseas
6. Does the person speak a language other than English at home?
   (Mark one box only)
   (If more than one language other than English, write the one that is spoken most often.)
   Standardised responses
   1. No, English only
   2. Yes, Italian
   3. Yes, Greek
   4. Yes, Cantonese
   5. Yes, Arabic
   6. Yes, Mandarin
   7. Yes, Vietnamese
   8. Yes, Other–please specify
      [blank space to record response]

7. How well does the person speak English?
   Standardised responses
   1. Very well
   2. Well
   3. Not well
   4. Not at all

8. What is the person’s ancestry?
   (Provide up to two ancestries only)
   Standardised responses
   1. English
   2. Irish
   3. Scottish
   4. Italian
   5. German
   6. Chinese
   7. Australian
   8. Other–please specify
9. What is the person’s religion?
(Answering this question is optional.)

Standardised responses
1. Catholic
2. Anglican (Church of England)
3. Uniting Church
4. Presbyterian
5. Buddhism
6. Greek Orthodox
7. Islam
8. Baptist
9. Lutheran
10. Other–please specify
    [blank space to record response]
11. No religion

Output
1. Country of birth
2. Proficiency in spoken English
3. Ancestry
4. Country of birth (father)
5. Country of birth (mother)
6. Language spoken at home
7. Religious affiliation
8. Year of arrival
9. Citizenship

Comments
- Input items 4 and 5, whether the mother or father (or both) are born overseas, are broad proxies for the minimum data required for Country of birth (father) and (mother); although they are worded differently to the ABS standard.
- Input item 6 matches the ABS question module but not the current order of responses.
3. **Australian Census and Migrants Integrated Dataset, 2011**

**Data set**

ACMID

**Data collected by**

ABS and the then Department if Immigration and Citizenship (DIAC)

**Data set collated by**

ABS

**Purpose**

This database maintains a record of people who have migrated to Australia under a permanent skilled, family or humanitarian stream visa and have a recorded arrival in Australia between 1 January 2000 and 9 August 2011 (as per the former DIAC’s Settlement database (SDB)). The settlement outcomes of recent migrants can be cross-classified by their entry conditions, such as visa stream, whether they applied onshore or offshore, and whether they were a main (primary) or secondary applicant.

(ABS 2013k)

**CALD measures summary**

Measures

1. Ancestry
2. Citizenship
3. Country of birth (mother)
4. Country of birth (father)
5. Country of birth
6. (Main) Language spoken at home
7. Proficiency in spoken English
8. Religious affiliation
9. Visa type
10. Year of arrival in Australia

**Size**
1,273,701 (2011 at linkage)

**Data collection method**
The Census component was self-reporting with probabilistic linkage to DIAC’s SDB (ABS 2013k) (see the section on Administrative, part 18. Settlement database in this appendix (page 93).

**Input**
Not available

**Output**
(ABS 2014)
1. Ancestry
2. Australian citizenship
3. Birthplace of female parent (the standard name of this variable was changed to ‘Country of birth of mother’ (ABS 1999:49)
4. Birthplace of male parent (the standard name of this variable was changed to ‘Country of birth of father’ (ABS 1999:44)
5. Country of birth
6. (Main) Language spoken at home
7. Proficiency in spoken English
8. Religious affiliation
9. Visa type
10. Year of arrival in Australia

**Comments**
- Output items 3 and 4 are equivalent to the ABS standard Country of birth of father/mother (ABS 1999, pp. 44, 49).
- Data items were primarily Census data, with the addition of visa class, applicant status (primary or secondary) and location (onshore or offshore) from the SDB.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Main language other than English spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td></td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Ancestry</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 1</td>
<td>Country of birth (father)</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 3</td>
<td>Country of birth (mother)</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 7</td>
<td>Religious affiliation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

Note: Census data are standardised and match the ABS modules, the SDB Inputs have not been viewed.
★ matches concept but not ABS module, uses standardised instrument.

4. National Prisoner Health Data Collection

Data set
The National Prisoner Health Census (2012) was completed by 74 public and private prisons in all jurisdictions except Western Australia. Prison entrants, prison discharges, prisoners in custody using the prison clinic and prisoners on prescribed medication were invited to participate, with the option to refuse. Data from 2009, 2010 and 2012 censuses have been aggregated into the National Prisoner Health Data Collection (AIHW 2013g).

Data collected by
Public and private prisons administrators in all jurisdictions except Western Australia

Data set collated by
AIHW

Purpose
The collection provides a national source of information about the health of prisoners in Australia, covering a broad range of health issues and social determinants of health.

CALD measures summary
Measures
1. Country of birth
2. Main language spoken at home

Size
610 prison entrants (2012)

Data collection method
The 2012 Census was conducted using paper forms and electronic data. Jurisdictions were given the choice of data collection method.
Data were collected using five forms, two of which contain CALD measures:

1. Prison entrants form
2. Prison discharge form

(AIHW 2012c)

**Input**

1. Country of birth (please tick one box only)
   - Standardised responses
   1. Australia
   2. Other (specify)
      [blank space to record response]

2. Main language spoken at home (please tick one box only)
   - Standardised responses
   1. English
   2. Other (specify)
      [blank space to record response]

**Output**

1. Country of birth
2. Main language spoken at home

**Comments**

- Input items 1 and 2 are not worded as questions (as per the ABS module). (Note that the same form poses the Indigenous status variable as a question.) Responses coded to SACC and ASCL.
- Output item 2 can be used to derive ‘Main language other than English spoken at home’.

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Can be derived (subset of main language spoken at home)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>★</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>(subset of main language spoken at home)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.
### 5. 2008 Community Care Census

<table>
<thead>
<tr>
<th><strong>Data set</strong></th>
<th>2008 Community Care Census</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data collected by</strong></td>
<td>(the former) Department of Health and Ageing (DoHA)</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>A Census of three packaged care programs is used for all recipients of services from service providers funded under CACP, EACH and EACHD, together with a survey of NRCP services. It aims to improve knowledge about:</td>
</tr>
<tr>
<td></td>
<td>1. the needs of older people</td>
</tr>
<tr>
<td></td>
<td>2. the way service providers operate under the programs to meet the needs of service recipients. (DoHA 2010)</td>
</tr>
</tbody>
</table>

**CALD measures summary**

<table>
<thead>
<tr>
<th><strong>Measures</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Country of birth</td>
<td></td>
</tr>
<tr>
<td>2. Main language spoken at home</td>
<td></td>
</tr>
<tr>
<td>3. Additional service provided to address absence of English language skills</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Size</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1,242 outlets</td>
<td></td>
</tr>
<tr>
<td>40,284 packaged care recipients</td>
<td></td>
</tr>
<tr>
<td>8,673 NRCP carers and care recipients</td>
<td></td>
</tr>
</tbody>
</table>

| **Data collection method** | Using two main data collection instruments (Form A – outlet information, and Form B – care recipients and carer information), service outlets were required to provide answers to questions about services delivered, using an internet-based collection system. Service outlets filled in one Form B for each person to whom they provided service. |

<table>
<thead>
<tr>
<th><strong>Input</strong></th>
<th>(DoHA 2008b, 2008c, 2008d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In which country was the care recipient/carer born?</td>
<td></td>
</tr>
<tr>
<td>Standardised responses</td>
<td></td>
</tr>
<tr>
<td>The 20 most common countries of origin were displayed in a dropdown list, followed by an alphabetical list of all recognised languages spoken by residents (ABS standardised).</td>
<td></td>
</tr>
</tbody>
</table>

| 2. What is the main language spoken at home by the care recipient/carer? |  |
| Standardised responses |  |
| The 20 most common languages were displayed in a dropdown list, followed by an alphabetical list of all recognised countries of origin (ABS standardised). |  |
3. Does your organisation provide the care recipient with additional services that specifically address the absence of English as the main language (e.g. interpreter, bilingual brochures)?

Standardised responses
Yes/No

Output
1. Country of birth
2. Main language spoken at home
3. Additional service provided to address absence of English language skills

Comments
• Input item 2 does not use the form of question in the ABS module.
• Input item 2 can be used to derive ‘Main language other than English spoken at home’.
• Output item 3 cannot be used as a proxy for ‘Interpreter services required’, as it also incorporates bilingual brochures and the provision of language-appropriate staff (DoHA 2008a:10–11).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home (subset of main language spoken at home)</td>
<td>Can be derived</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.
1. **Aged Care Gateway**

Note that the Aged Care Gateway (the Gateway) will become an access/data entry tool for the majority of aged care related data sets and collections that follow, including programs, services and assessment tools.

According to the Aged Care Gateway tender documents, the Gateway is intended to create an identifiable entry point to the aged care system, compromising several key elements:

- a national contact centre, including the *My Aged Care* website
- an assessment service to identify needs based upon a nationally consistent assessment framework and standardised tools
- a central client record to support appropriate information collection and sharing
- a linking service, targeting vulnerable people with multiple needs (Department of Health 2013)

There are many pathways, programs and services for people who are ageing and in need of support. The support that is available ranges from the simplest home care provided in the community through to high-level residential aged care in a specialist facility.

Formalised supports require assessment through the ACAT assessment process, according to the *Aged Care Act 1997*. This provides for a range of supports from the Home Care Packages Program (HCPP) at 4 discrete levels (which replace CACP, EACH, EACHD), to permanent admission to residential aged care. Data collected through ACAT processes are recorded in the ACCR, from which is extracted data for the Aged Care Assessment Program Minimum Data Set (ACAP MDS).

The level of support subsidised by the Australian Government for permanent residential aged care is mediated by the application of the Aged Care Funding Instrument (ACFI).

Less formal support, not requiring ACAT assessment, is also available, through the Commonwealth HACC Program (formerly HACC), Veterans Home Care, DTC, ACHA, Commonwealth Respite and Carelink Centres (CRCC) and NRCP.

The Aged Care Gateway front-end development has not yet reached a stage of readiness for circulation and comment. As it is planned as a central point of aged care information access, assessment and data collection and collation, it will need to have regard for the CALD requirements and associated collection methods, as explored in the working paper. Aged care data sets that will link into the Gateway are detailed in parts 2—10, below.

### 2. **Aged Care Assessment Program Minimum Data Set**

<table>
<thead>
<tr>
<th>Data set</th>
<th>ACAP MDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collected by</td>
<td>ACAT assessors for assessment and care coordination</td>
</tr>
<tr>
<td>Data set collated by</td>
<td>Evaluation Units of the state and territory governments are responsible for the collation and provision of state and territory data to the Australian Government for the ACAP MDS</td>
</tr>
</tbody>
</table>
Cultural and linguistic diversity measures in aged care (Department of Health 2014a:9), which data are collated in a national data set by DSS.

**Purpose**

The aims of the data set were to:

1. provide ACAP managers, in the Australian Government and in state/territory governments, with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes

2. assist ACATs in providing high quality services to their clients’ needs by facilitating improved internal management and local or regional area planning and coordinated service delivery

3. facilitate the use of ACAP data with other relevant data sets in the health and community services field. (DoHA 2013a:2)

**CALD measures summary**

Measures

1. Country of birth

**Size**

**Data collection method**

Evaluation Units of the state and territory governments are responsible for collating ACAT data (held in the Client Management System) for transmission to DSS (Department of Health 2014a).

**Input**

Select data from ACCR records are held in the CMS.

**Output**

1. Country of birth

**Comments**

- Output item 1 ‘Country of birth’, (as collected in the ACAT assessment and extracted from the ACCR), is not in the form of a question, as per the ABS module. The responses are coded to the ABS SACC.

- Evaluation Units receive data from the ACAT assessment process, ‘clean’ the data and send it to the ACAP MDS. However, not all information provided in an ACCR is collected into the ACAP MDS. While ‘Country of birth’ and ‘Main language spoken at home’, are Outputs of the ACCR (and therefore within the Client Management System), only ‘Country of birth’ is extracted and uploaded to the ACAP MDS (Department of Health 2014a; DoHA 2013a).

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*No further elements from the ABS minimum core or standard sets.*
3. **Aged Care Client Record**

**Data set**
ACCR

**Data collected by**
ACAT assessors

**Purpose**
The ACCR (DoHA 2013a) comprises:

1. the ACCR application form recording the client’s formal request for aged care services under the *Aged Care Act 1997*, and which is completed prior to assessment
2. client registration, including Country of birth and Language(s) spoken at home
3. intervention/contact dates
4. carers
5. activity limitations and assistance
6. assessment summary and information for service providers
7. approval as a care recipient
8. care coordination.

The ‘ACCR is the form used to maintain a record of a client’s assessment and approval for submission to the Australian Government Department of Human Services as required under the *Aged Care Act 1997*’ (DoHA 2013a:1).

The ACCR includes ‘Main language other than English spoken at home’, which is not incorporated into the ACAP MDS. (Department of Health 2014a:12)

**CALD measures summary**

1. Country of birth
2. Main language(s) spoken at home

**Size**

**Data collection method**
ACAT assessors receive the original application form filled in by the client, if able. Assessors go on to collect data on 42 questions related to items 2-8 above. The data are stored in the Client Management System database, accessed by the ACCR. The database provides ACAT data to the ACAP MDS (Department of Health 2014a; DoHA 2013a).

**Input**
(DoHA 2013a:12)

1. Country of birth
   
   Client asked the country in which the person was born, without a standardised question format.
   
   Standardised responses

2. Language(s) spoken at home
Client asked to report main language(s) spoken by the person in his or her home on a regular basis to communicate with other residents or regular visitors, without a standardised question format.

Standardised responses

Output

1. Country of birth
2. Main language spoken at home

Comments

- Input item ‘1. Country of birth’ is coded according to the ABS SACC.
- Input item ‘1. Country of birth’ does not use a standardised question format.
- Input item ‘2. Language(s) spoken at home’ is coded according to ABS ASCL.
- Input item ‘2. Language(s) spoken at home’ does not use a standardised question format.
- Output item ‘2. Main language other than English spoken at home’, can be derived from Input item 2.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Main language other than English spoken at home</td>
<td>(subset of main language spoken at home)</td>
<td>Can be derived</td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>English spoken at home</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

4. Home and Community Care Minimum Data Set

Data set: HACC MDS
Data collected by: HACC service providers
Data set collated by:

Formerly, each agency collated all HACC MDS information, forwarding it to the state and national collection point every three months (DoHA 2006:9). Jurisdictional data collated by state, territory and national administrators were subsequently collated into a national data set by the former DoHA.

As part of the National Health Reforms, from 1 July 2012 the Australian Government took funding and program responsibility for basic maintenance, support and care services for older people; these are now delivered through Commonwealth HACC.
From 1 July 2012 the Australian Government funded and administered the Commonwealth HACC program through direct funding arrangements with existing HACC providers (DoHA 2013c).

**Purpose**

Formerly, ‘the HACC program provides a comprehensive range of basic maintenance and support services for frail aged people, people with a disability and their carers so they can remain in the community’ (DoHA 2006:3).

Since 1 July 2012, the Commonwealth HACC program is aimed at assisting ‘frail Older People with functional limitations as a result of moderate, severe or profound disabilities, and the unpaid carers of these frail Older People’ (DoHA 2013c).

The HACC MDS (DoHA 2006) aims to:

1. provide HACC program managers with a tool to access data required for policy development, strategic planning and performance monitoring against agreed outputs and criteria
2. assist HACC service providers to provide high-quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery
3. facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

**CALD measures summary**

**Measures**

1. Country of birth (care recipient)
2. Main language spoken at home (care recipient)
3. Country of birth (carer)
4. Main language spoken at home (carer)

**Size**

**Data collection method**

HACC service providers collect data from clients based on required data elements. The agency can choose how the data element is collected (by open ended question or standardised question response), as long as it can be coded according to ABS SACC (for country) and ABS ASCL (for language) (DoHA 2006:123, 171, 172).

**Input**

1. Country of birth (care recipient)
2. Main language spoken at home (care recipient)
3. Country of birth (carer)
4. Main language spoken at home (carer)

**Output**

1. Country of birth (care recipient)
2. Main language spoken at home (care recipient)
3. Country of birth (carer)
4. Main language spoken at home (carer)
Comments

- Input items 1 and 3 ‘Country of birth’ (care recipient/carer) do not use the ABS module question format (see Data collection method above).
- Input items 1 and 3 ‘Country of birth’ (care recipient/carer) are entered as an ABS SACC 4 digit code (see Data collection method above).
- Input items 2 and 4 ‘Main language spoken at home’ (care recipient/carer) do not use the ABS module question format (see Data collection method above).
- Input items 2 and 4 ‘Main language spoken at home’ (care recipient/carer) are entered as an ABS ASCL 4 digit code (see Data collection method above).
- Input items 2 and 4 ‘Main language spoken at home’ (care recipient/carer) can be used to derive ‘Main language other than English spoken at home’.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1 Country of birth</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ABS core 2 Main language other than English spoken at home</td>
<td>Can be derived (subset of main language spoken at home)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 2 English spoken at home</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ABS standard 6 Main language spoken at home</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

5. Day Therapy Centre (DTC) program

Data set

Service activity reports (SARs), client data
(In 2002 there was a Day Therapy Centres (DTC) Census (AIHW 2004a))

Data collected by

DTC service providers

Data collated by

DSS

Purpose

DTC services are intended for people in low care residential aged care and those from the community, to regain or maintain physical and cognitive abilities to maintain or recover a level of independence, allowing them to remain at home or in low level residential aged care.

SARs provide information on each client eligible for DTC services through the DTC program (DoHA 2012c:39).

CALD measures summary

These measures are assumed from the 2002 Census forms and the then DoHA definition of CALD clients (see comments):

1. Country of birth
2. Main language other than English spoken at home
3. Proficiency in spoken English

Size

Data collection method
The SARs are compiled by each DTC about the services they delivered, clients, hours of therapies delivered, qualitative data providing evidence of goal attainment, reasons for variations between services delivered and service outputs specified in funding agreement. Reports are filled out manually, scanned and submitted to the department by email.

The department is planning electronic reporting for the DTC program (DoHA 2012c).

Input  See Comments

Output  See Comments

Comments
• ‘For the purposes of the DTC program, clients may be defined as CALD where they have particular cultural or linguistic affiliations due to their:
  – place of birth or ethnic origin
  – main language other than English spoken at home
  – proficiency in spoken English’ (DoHA 2012c:9)
• While this definition reflects the ABS core items ‘1. Country of birth’, ‘2. Main language other than English spoken at home’ and ‘3. Proficiency in spoken English’, it is not clear if or how the definition is implemented in data collection by SARs. The 2002 Census indicates data were collected for ‘Country of birth’ following the ABS module (AIHW 2004b), but it is not clear if this is the case in SARs and how the other two data items are collected.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>English spoken at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Data collection instrument/s not viewed.
6. **Assistance with Care and Housing for the Aged (ACHA) Program**

<table>
<thead>
<tr>
<th>Data set</th>
<th>SARs, client data, annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collected by</td>
<td>ACHA program service providers</td>
</tr>
<tr>
<td>Data set collated by</td>
<td>DSS</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>The ACHA program aims to help eligible people who are homeless, or who are at risk of becoming homeless, to remain in the community through affordable housing and links to community care where appropriate (Department of Health 2014b).</td>
</tr>
</tbody>
</table>
| **CALD measures summary** | Assumed from the then DoHA definition of CALD clients (see comments):  
  1. Country of birth  
  2. Main language other than English spoken at home  
  3. Proficiency in spoken English |
| **Size**                  |                           |
| **Data collection method**| The SARs are compiled by each ACHA service provider on services delivered, clients, hours of services delivered, qualitative data providing evidence of goal attainment, reasons for variations between services delivered and proposed service delivery specified in funding Agreement. Reports are filled out manually, scanned and submitted to the department by email.  
The department is planning electronic reporting for the DTC program. (DoHA 2012b:40) |
| **Input**                 | See Comments              |
| **Output**                | See Comments              |

**Comments**

- The ACHA program service provider must ‘record basic information about all clients, including age and gender as well as CALD status …’ (DoHA 2012b:19)
- ‘For the purposes of the ACHA program, clients may be defined as CALD where they have particular cultural or linguistic affiliations due to their:  
  - place of birth or ethnic origin;  
  - main language other than English spoken at home; and or  
  - proficiency in spoken English’ (DoHA 2012b:9)
- While this definition reflects the ABS core items ‘1. Country of birth’, ‘2. Main language other than English spoken at home’ and ‘3. Proficiency in spoken English’, it is not clear if or how the definition is implemented in data collection by SARs.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(^a)</th>
<th>Standardised response(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main language other than</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>English spoken at home</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

\(^a\) Data collection instrument/s not viewed.

7. Commonwealth Respite and Carelink Centres

Data set: CRCC
Data collected by: Local Respite or Carelink Centres
Data set collated by: Formerly DoHA
Purpose: Centres in different locations provide a slightly different mix of services as a result of the resources and services available in their geographic area and the needs of clients in the area. The core minimum services that centres must provide are:
1. information about community care, aged and disability and other support services offered in their local region
2. assessments of the need for services for carers
3. referral to appropriate services (and, in some situations, care coordination)
4. brokerage of respite services in short-term and emergency situations where no other appropriate and affordable services are available
5. support services to information partners;
6. outreach and engagement
7. respite service development and advice (Department of Health 2012).

CALD measures summary: Measures (Ramsay et al. 2007:29)
1. Country of birth
2. Main language spoken at home

Size

Data collection method: See Comments
Input: See Comments

Output: See Comments
Comments

• No operational or procedural manual is available.
• Centres all provide data on services available within their locale, populating the Commonwealth Carelink Centre Information System CCCIS—a national service information database (InfoXchange 2010).
• The CENA tool (see the section ‘Other Australian instruments’ on page 107 of this paper) aimed to provide consistent eligibility and needs assessment across the NRCP and also for the assessment of carers in HACC programs (Centre for Health Service Development 2010). The CENA was field tested by agencies in routine practice (Commonwealth Respite and Carelink Centres and other service providers), using database and web versions, in presentations, and through focus group feedback. (One focus group represented CALD stakeholders.) The instrument was being tested to determine if the data elements could be routinely collected and subsequently used to guide service response (Ramsay et al. 2007). Ramsay et al. (2007) refer to the use of ‘MDS items’ ‘Country of birth’ and ‘Main language spoken at home’, but the collection instruments have not been viewed, and the method of data collection is not clear.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(a)</th>
<th>Standardised response(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>Can be derived (subset of main language spoken at home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Data collection instrument not viewed.

8. National Respite for Carers Program

Data set
SARs, client data, biannual

Data collected by
NRCP respite service providers

Purpose
NRCP is funded by the Australian Government and targets carers of ‘frail older people (over 65 years, or over 50 years if Indigenous), younger people with disabilities, people with dementia, people with dementia and challenging behaviours and people in need of palliative care’ (DoHA 2012a:20).

CALD measures summary
These data items were drawn from the 2008 Community Care Census, and during the Census week, forms were filled in for each care recipient. Service outlets completed one form for each person for whom they provided assistance through NRCP, only
where the person received services in the Census week
(Department of Health 2012; DoHA 2008a, 2008d):

1. Country of birth
2. Main language spoken at home
3. Provision of service to address absence of English as the main language

Size

Data collection method
The SARs are compiled by each NRCP service provider for services delivered, care recipients, hours of respite delivered, and reasons for variations between services delivered and proposed service delivery specified in funding agreement, biannually.

Input
These data items are drawn from the 2008 Community Care Census, and during the Census week, forms were filled in for each carer.

1. In which country was the carer born?
   Standardised responses
   (The 20 most common countries of origin are displayed first in the dropdown list.)

2. What is the main language spoken at home by the carer?
   Standardised responses
   (The 20 most common countries of origin are displayed first in the drop-down list.)

3. Does your organisation provide the carer with additional services that specifically address the absence of English as the main language (e.g. interpreter, bilingual brochures)
   Yes/No

Output

1. Country of birth
2. Main language spoken at home
3. Provision of additional services to address absence of English as the main language

Comments

- The SARs are required to specify numbers of carers and care recipients from a ‘CALD background’ (Victoria Carer Services Network 2010), hence it is assumed that specific CALD data lie behind the SARs data, as evidenced in the 2008 Community Care Census.
- Input item ‘2. What is the main language spoken at home by the carer’ can be used to derive ‘Main language other than English spoken at home’.

80 Cultural and linguistic diversity measures in aged care
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>Can be derived</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English spoken at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.

9. Department of Veterans’ Affairs

Data sets

Veterans Home Care
Community Nursing Minimum Data Set
Rehabilitation Appliances Program
Veterans’ Supplements (for Residential aged care facilities and Home care)
Attendant care (provided under the Safety, Rehabilitation and Compensation Act 1988 or Military Rehabilitation and Compensation Act 2004)
Day Clubs
Coordinated Veterans’ Care Program
Other data on veterans are collected through general aged care data sets.
(DVA 2013a, 2013e, 2013g, 2013h)

Comments

• The Department of Veterans’ Affairs does not collect any data on ethnic, cultural or linguistic backgrounds. Over the two-year period of the Agency Multicultural Plan for 2013–15, a set of policies is being developed to increase the department’s awareness of its culturally and linguistically diverse (CALD) client groups. This will include the development of ways to collect data about the cultural, linguistic or ethnic background of the department’s clients as well as ways to better service these groups (DVA 2013f).

• During August–December 2013, data on CALD groups within the Australian Defence Forces were requested from the Department of Defence and the ABS, as well as through consultation with ex-service and defence community bodies (DVA 2013c).

• Between July 2014 and July 2015 the Department is aiming to analyse collected data on CALD groups within the Department’s client base, to determine how the Department will use interpreters and translators (DVA 2013d).
The Department aims to make available all CALD data collected to other agencies and the public but it is not clear from available documentation if or how CALD data will be permanently incorporated into data collections (DVA 2013b).

### Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No elements from the ABS minimum core or standard sets.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. Alcohol and Other Drug Treatment Services National Minimum Data Set

**Data set**
AODTS NMDS

**Data collected by**
Alcohol and other drug treatment service providers.

**Data set collated by**
Jurisdictional health authorities compile jurisdictional data sets that are collated by the AIHW at the national level (AIHW 2012a, 2013b).

**Purpose**
The aim of the data set is to combine standardised Australian Government, state and territory data so that national information about clients accessing alcohol and other drug treatment service usage and treatment programs can be reported (AIHW 2012a).

**CALD measures summary**
Measures

1. Country of birth
2. Preferred language

**Size**
150,488 (2010–11)

**Data collection method**
Each agency is responsible for collecting data from clients. Data collection forms and information systems are not standardised across all jurisdictions (AIHW forthcoming).

**Input**
Sample client forms obtained by the AIHW (AIHW forthcoming) show the data elements tend to be formatted as follows:

1. Country of birth
   
   Standardised responses
   
   1. Australia
   
   2. Other (please specify)
      
      [blank space to record response]
2. Preferred language  
   Standardised responses  
   1. English  
   2. Other (please specify)  
      [blank space to record response]

Output  
1. Country of birth  
2. Preferred language

Comments  
- Input item ‘2. Preferred language’ is coded to the ABS ASCL (AIHW forthcoming).  
- Input item ‘2. Preferred language’ is not an ABS core or standard CALD measure.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Standardised response&lt;sup&gt;(a)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Data collection forms/information systems are not standardised across all jurisdictions.

11. Disability Services National Minimum Data Set

Data set  
DS NMDS

Data collected by  
Disability service providers

Data set collated by  
Under the National Disability Agreement (NDA), jurisdictional disability administrators are responsible to collect comparable DS NMDS information. These data are collated by the AIHW at the national level (AIHW 2013d).

Purpose  
The purpose of the DS NMDS collection is:  
1. to facilitate the annual collation of nationally comparable data about services provided under the NDA  
2. to obtain reliable, consistent data with minimal load on the disability services field.

CALD measures summary  
Measures  
1. Country of birth  
2. Interpreter services required
Size 317, 616 (2011–12)

Data collection method Each agency is responsible for collecting data from clients. The service user data collection form, with standardised questions and responses, is administered by the agency. Jurisdictional data authorities collate the data and forward it to the AIHW for collation.

Input (AIHW 2013f)

1. In which country was the service user born?
   Standardised responses
   1. Australia
   2. England
   3. New Zealand
   4. Italy
   5. Viet Nam
   6. Scotland
   7. Greece
   8. Germany
   9. Philippines
   10. India
   11. If other country please specify
       [blank space to record response]

2. Does the service user require interpreter services?
   Standardised responses
   1. Yes – for spoken language other than English
   2. Yes – for non-spoken communication
   3. No

Output

1. Country of birth
2. Interpreter services required

Comments
- Input item ‘1. In which country was the service user born?’ is coded to the ABS SACC.
- Input item ‘2. Does the service user require interpreter services?’ is not an ABS core or standard CALD measure.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

12. Specialist Homelessness Services Collection

Data set
SHSC

Data collected by
SHSC data are collected by specialist homelessness agencies for all clients.

Data set collated by
Data are reported each month to the AIHW, which collates national-level data.

Purpose
The purpose of the SHSC (AIHW 2013n, 2013o) is to:
1. support the information needs of the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness
2. enable monitoring of assistance provided to people who are homeless or at risk of homelessness
3. contribute to the evidence base for policy development.

CALD measures summary
Measures
1. Country of birth
2. Year of arrival in Australia

Size
244,176 (2012–13) (AIHW 2013n)

Data collection method
Each agency is responsible for collecting data from clients using four forms. The Initial Client Form contains CALD measures, and is administered by the agency. Agencies report data to the AIHW using the Specialist Homelessness Online Reporting.

Input
Initial Client Form (AIHW 2013o)
1. What is the client’s country of birth?
   Standardised responses
   1. Australia
   2. Other country
   3. Don’t know
   4. Not applicable
   If ‘other country’, please specify
   [blank space to record response]
2. What year did the client first arrive in Australia?
   (Enter year of arrival OR don’t know OR not applicable)

   Standardised responses
   1. YYYY
   2. Don’t know
   3. Not applicable

Output

1. Country of birth
2. Year of arrival in Australia

Comments

• Input item ‘1. What is the client’s country of birth’ differs slightly in wording to the ABS standardised question module for country of birth, but it can be coded to the ABS SACC.

• Input item 2, Year of arrival, does not include the ABS module condition ‘to live here for one year or more’.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.

13. Community Housing Data Collection

Data set

The Community Housing Data Collection (AIHW 2011c) comprises:

1. administrative data—community housing provider information stored in state and territory information systems
2. survey data on households, from community housing providers.

(See also the section ‘Survey, 5. National Social Housing Survey on page 41 of this paper.)

Data collected by

1. State and territory information systems store the data, which are extracted for the Community Housing Data Collection.
2. Surveys completed by community housing providers, with the states and territories managing the process.
Data set collated by

Under the National Affordable Housing Agreement, all state and territory governments provide information to the Australian Government about the community housing sector. The AIHW manages this collection of community housing data on behalf of all states and territories. State and territory housing authorities forward data to the AIHW for collation into the data set (AIHW 2011c, 2013i).

Purpose

The collection aims to report state, territory and national information on the community housing sector.

CALD measures summary

Measures

Household level survey only:

1. Non-English-speaking background household

(defined as a household where at least one person of a non-English-speaking background, that is, a person born overseas who has a first language other than English or who has one or more parents who have those characteristics)

(AIHW forthcoming)

Size

(number of households) (AIHW forthcoming)

Victoria 17,638
Western Australia 7,869
South Australia 7,827
Tasmania 824
ACT 848

(Disaggregated data are not available for NSW, Queensland or the Northern Territory.)

Data collection method

Surveys are completed by community housing providers. The process is managed by the states and territories.

NSW and Queensland have household-level data collection tools in use, and they use AIHW tools to submit aggregated data. Victoria, Western Australia, South Australia, Tasmania and the ACT request household level survey data from providers, who fill out the survey in a spreadsheet. The Northern Territory does not survey providers.

(AIHW 2004b, 2011c, forthcoming)

Input

Victoria, Western Australia, South Australia, Tasmania and the ACT

1. Is this a non-English speaking background household?

A household which contains one or more persons born overseas who have a first language other than English, or one of their parents have those characteristics.
Standardised responses
1. Y = Yes
2. N = No
3. U = Unknown

Output
1. Households (with at least one member from) a non-English speaking background

Comments
- Input item 1 uses the classification of non-English speaking background, which is not consistent with ABS Statistical standards for measuring cultural and linguistic diversity (AIHW forthcoming).
- It is not possible to determine how many people in a household are of a non-English speaking background.
- The AIHW has prepared a household-level survey tool that is not used in all jurisdictions (AIHW 2011c).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No elements from the ABS minimum core or standard sets.

14. Community Mental Health Care National Minimum Data Set

Data set
National Community Mental Health Care Database

Data collected by
Government-operated community mental health care services

Data set collated by
State and territory health authorities forward data to the AIHW annually for national collation

Purpose
The database includes data about service contacts provided by specialised mental health services for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services. It is specified by the Community Mental Health Care National Minimum Data Set (CMHC NMDS) (AIHW 2013j).

CALD measures summary
Measures
1. Country of birth

Size
350,000 service recipients, 7.1 million service contacts (2010–11) (AIHW 2013h)
Data collection method

Data from each service provider’s administrative and care record systems are forwarded by state and territory health authorities to the AIHW for collation annually. As such, there are no standardised questionnaire questions and responses, and no standardised method of administration across jurisdictions.

Input

Not available

Output

1. Country of birth

Comments

- While the technical specifications of Output item ‘1. Country of birth’ map to the ABS standard, the method of data collection is unknown, including whether questions and responses are standardised in administration at the service delivery level (AIHW forthcoming).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question (^{(a)})</th>
<th>Standardised response (^{(a)})</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

\(^{(a)}\) Data are not standardised at the collection level.

15. Residential Mental Health Care National Minimum Data Set

Data set

National Residential Mental Health Care Database

Data collected by

Government-funded and government-operated residential mental-health care services

Data set collated by

State and territory health authorities forward data to the AIHW annually for national collation

Purpose

The database contains data on episodes of residential care provided by government-funded, 24-hour staffed, residential mental health services in Australia, with optional inclusion of government-funded non-government operated services and services not operated 24 hours per day (AIHW 2013k).

CALD measures summary

Measures

1. Country of birth

Size

4,300 residents, 5,700 residential episodes (2011–12) (AIHW 2012b)

Data collection method

Data from each service provider’s administrative and care record systems are forwarded by state and territory health authorities to the AIHW for collation annually. As such there
are no standardised questionnaire questions and responses and no standardised method of administration.

Input
Not available

Output
1. Country of birth

Comments
- While the technical specifications of Output item ‘1. Country of birth’ map to the ABS standard, the method of data collection is unknown, including whether questions and responses are standardised in administration at the service delivery level (AIHW forthcoming).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Data are not standardised at the collection level.

16. National Hospital Morbidity Database

Data set
NHMD

Data collected by
Public and private hospitals in Australia

Data set collated by
State and territory health authorities forward data to the AIHW annually for national collation.

Purpose
The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The database contains data relating to admitted patients in almost all hospitals, including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free standing day hospital facilities. Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Department of Defence or correctional authorities and hospitals located in offshore territories).

The data supplied are based on the National Minimum Data Set (NMDS) for admitted patient care, and they include demographic, administrative and length-of-stay data, as well as data on the diagnoses of the patients, the procedures they
underwent in hospital and external causes of injury and poisoning (AIHW 2011a:335).

Cultural and linguistic diversity measures in aged care

CALD measures summary

Measures

1. Country of birth

Size

8,535,000 separations (episodes of care) 2009–10 (AIHW 2011b)

Data collection method

Country of birth data item is collected at patient registration with the health service/hospital, where the patient is asked the question by clerical or nursing staff or fills in a form. Country of birth is either written in or selected from a list.

Data from each service provider’s administrative and care record systems are forwarded by state and territory health authorities to the AIHW for collation annually.

Input

Not available

Output

1. Country of birth

Comments

• The National Health Data Dictionary definitions form the basis of the database.
• Output item ‘1. Country of birth’ is consistent with the ABS standard, though not frequently reported (AIHW forthcoming).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(a)</th>
<th>Standardised response(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Collection instruments were not viewed but the National Health Data Dictionary definitions form the basis of the database in line with ABS question modules.

17. Higher Education Student Data Collection

Data set

Higher Education Student Data Collection

Data collected by

Approved higher education providers submit data to the Australian Government Department of Education (Department of Industry 2013).

Data set collated by

Australian Government Department of Education

Purpose

This data set collects (Australian Department of Education 2014b):
1. course and student information that relate to all units of study with census dates from 1 January to 31 December of the reporting year
2. information about students who are in receipt of an OSHELP or SA-HELP loan from 1 January to 31 December of the reporting year
3. information about students who commence or continue a Commonwealth Scholarship in the reporting year.

CALD measures summary
Measures (Australian Department of Education 2014a)
1. Citizenship
2. Country of birth
3. Main language other than English spoken at permanent home residence
4. Main language spoken at home
5. Year of arrival in Australia

Size
1,136,041 (2013) (Australian Department of Education 2014c)

Data collection method
Approved higher education providers collect data according to the data requirements. These specify each of the data elements’ definition and contents and the coding required. They do not include standardised questions and responses. The actual data collection forms are not available (Australian Department of Education 2013b).

Input
Not available

Output (Australian Department of Education 2013a)
1. Citizenship
2. Country of birth
3. Main language other than English spoken at permanent home residence
4. Main language spoken at home
5. Year of arrival in Australia

Comments
• Output item ‘1. Citizenship’ indicates whether Australian citizen, permanent resident, permanent humanitarian visa, other permanent visa, temporary entry permit during study, or residing outside Australia. It does not provide citizenship country other than Australia.
• Output item ‘2. Country of birth’ is standardised to the ABS SACC code.
• Output item ‘3. Main language other than English spoken at permanent home residence’ is standardised to the ABS ASCL code, and it uses a slightly different phrase to ABS, ‘at permanent home residence’ rather than ‘at home’.
• Output item ‘5. Year of arrival’ does not include the ABS condition ‘to live (for one year or more)’ (Australian Department of Education 2013a).
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Main language other than</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module

(a) Data collection instrument was not viewed. Standardised question and response is assumed from coding documentation.

18. Settlement Database

Data set: SDB

Data collected by: Department of Immigration and Border Protection (DIBP)

Data set collated by: Data are also linked with Census data by the ABS to report migrant outcomes (ABS 2013k)

Purpose: The SDB is an internal database developed by the former DIAC to provide statistical support for the department. It also enables the distribution of immigration, multicultural and population data to other government agencies and the community generally.

The database brings together data from various sources including the Settlement Details form (Form 886), and departmental systems used to process migration applications both in Australia and at overseas posts. Geographic location data is also captured when the settler enrolls for services such as Adult Migrant English Program classes in Australia or Medicare (ABS 2011b).

CALD measures summary: Measures (ABS 2011b)

1. Country of birth (mandatory)
2. Date of arrival (mandatory)
3. Migration type (mandatory)
4. Visa subclass (mandatory)
5. Ethnicity (non-mandatory)
6. Religion (non-mandatory)
7. Main language (non-mandatory)
8. English proficiency (non-mandatory)
**Size**

**Data collection method**
The Settlement Details form (Form 886) and departmental systems are used to process migration applications both in Australia and at overseas posts.

**Input**
Not available

**Output**
1. Country of birth
2. Date of arrival
3. Migration type
4. Visa sub-class
5. Ethnicity
6. Religion
7. Main language
8. English proficiency

**Comments**
- The database collects information from a range of sources, and while there is a settlement reporting facility data dictionary (DIAC 2013b) defining the measures, it is not clear how the data are standardised across the various collection points.
- ABS (2013k) reports year of arrival is estimated from SDB date of arrival.

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(^{(a)})</th>
<th>Standardised response(^{(a)})</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Not available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Main language other than English spoken(^{(b)})</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 4</td>
<td>Visasub-class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 5</td>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 7</td>
<td>Religion</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS core 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{(a)}\) Data collection instrument was not viewed.

\(^{(b)}\) The Data Dictionary (DIAC 2013b) refers to ‘Main language spoken’ and is similar though not identical to the ABS standard ‘Main language spoken at home’.

\(^{(c)}\) The SDB implementation of ‘Proficiency in spoken English’ is not identical to the ABS module, as the item is not self-assessed, though it maps broadly to the concept.

\(^{(d)}\) The SDB collects ‘Date of arrival’ administratively, which is not identical to the ABS ‘Year of arrival in Australia to live here for one year or more’.
Research

1. The Australian Longitudinal Study of Ageing

Data set ALSA
Data collected by Flinders Centre for Ageing Studies, Flinders University
Purpose The study commenced in 1992 with 2,087 participants aged 70 years and over. The research explores how social, biomedical, behavioural, economic and environmental factors are associated with age-related changes in the health and well-being of older Australians (Flinders University 2008:x).

CALD measures summary

Measures
1. Country of birth
2. Year of arrival
3. Nationality
4. Language spoken at home other than English
5. English proficiency
6. Preferred language
7. Use of interpreter

Size 2,087 (1992), 487 (2003–04), 349 (2005–06)—the attrition was due to refusal, ill-health, moving out of scope, death and being uncontactable (Flinders University 2008:x).

Data collection method At baseline, personal interview and assessment of neuropsychological and physiological functions was undertaken at each person’s home, supplemented by self-completed questionnaires, biochemistry, and additional clinical studies of physical function. Since then a further 10 waves (11 in total as at 2010) have been completed (some were short telephone interviews) (Flinders University 2014).

Input 1992
1. Were you born in Australia?
   Yes/No

2. In which country were you born?
   (See display cards number 2)
   Standardised responses
   1. UK or Ireland
   2. Italy
   3. Greece
4. Yugoslavía
5. Holanda
6. Alemania
7. Nueva Zelanda
8. Polonia
9. Medio Oriente
10. Asia del Sur
11. Otros Europeos
12. Otro (especificar)
   [espacio en blanco para registrar respuesta]

3. ¿En qué año llegó a Australia?
   YYYY

4. ¿Cuál de las siguientes opciones describe más su identidad?
   Respuestas estándar
   1. Australiano
   2. Inglés
   3. Otro Reino Unido (Irlandés, Escocés)
   4. Asiático
   5. Otros Europeos
   6. Aborigen, Torres Strait Islander
   7. Otro (especificar otra nacionalidad)
   [espacio en blanco para registrar respuesta]

5. ¿Habló usted (o alguien más) un idioma en el hogar que no sea inglés?
   Sí/No

6. ¿Usted (o alguien más) tuvo dificultades para entender o hablar inglés?
   Sí/No

7. ¿Ha llegado a conversar con una persona que solamente habla inglés?
   Sí/No
8. Which language do you prefer to use most of the time?
   Standardised responses
   1. English
   2. Other

9. Does anyone interpret for you?
   Yes/No

10. Who is your main interpreter?
    Standardised responses
    1. Son or daughter
    2. Other relative
    3. Other household members
    4. Friends
    5. Neighbour
    6. Other informal
    7. Formal, free service
    8. Formal, paid service

11. Who is your second interpreter?
    Standardised responses (as above)

Output

1. Country of birth
2. Year of arrival
3. Nationality
4. Language spoken at home other than English
5. English proficiency
6. Preferred language
7. Use of interpreter

Comments
- Input item 3, Year of arrival, does not include the ABS module condition ‘to live here for one year or more’.
- Language domain questions (Input items 5–11) were asked only at baseline (1992).
- Demographic domain questions were asked at baseline (1992) and in 1994, 2005 and 2009.
- At the time Wave 1 commenced, the ABS 1999 standard had not been established. Even so, Input items 2, 3, 5, 6 broadly equate to ABS CALD metadata items, although the ABS wording is not used.
• ‘Ethnic origin’ is implemented as Input items 1 and 2, Country of birth, and Input item 4, Nationality (Flinders University 2008: 25).

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td></td>
<td>Language other than English spoken at home</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.

2. 45 and up

Data set 45 and up

Data collected by Sax Institute

Purpose Longitudinal study of ageing in New South Wales, among participants 45 years and over, exploring health and quality-of-life questions to manage and prevent illness and conditions including cancer, heart disease, depression obesity and diabetes (Sax Institute 2012).

CALD measures summary Measures
1. Country of birth
2. Year of arrival
3. Ancestry
4. Language other than English spoken at home

Size 267,153 (Sax Institute 2011)

Data collection method Standardised questionnaires were mailed to participants, and data were harvested from Medicare Australia, the Department of Veterans’ Affairs, the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme (Sax Institute 2006).

Input 1. In which country were you born?
Standardised responses
1. Australia
2. UK
3. Ireland
4. Italy
5. China
6. Greece
7. New Zealand
8. Germany
9. Lebanon
10. Philippines
11. Netherlands
12. Vietnam
13. Malta
14. Poland
15. Other (please specify)
   [blank space to record response]

2. What year did you first come to live in Australia for one year or more? (e.g. 1970)
   YYYY

3. What is your ancestry?
   (please cross up to two boxes)
   1. Australian
   2. English
   3. Irish
   4. Chinese
   5. Italian
   6. Greek
   7. Scottish
   8. German
   9. Lebanese
   10. Dutch
   11. Maltese
   12. Polish
   13. Filipino
   14. Indian
   15. Croatian
   16. Other (please specify)
      [blank space to record response]
4. Do you speak a language other than English at home?
   Yes/No

**Output**
1. Country of birth
2. Year of arrival
3. Ancestry
4. Whether language other than English spoken at home.

**Comments**
- Input item 1, Country of birth, uses standardised responses that do not match the ABS detailed data option for ‘Country of birth’, but the study commenced prior to the ABS review and the update to the country-of-birth module in 2012.
- Input item 3, Ancestry, uses standardised responses that do not match the ABS detailed data option for ancestry.
- Input item 4, Language, does not provide for alternative languages to be recorded; although 9.5% recorded ‘yes’ (Sax Institute 2011:6), this item maps to the ABS question for minimum data.

**Map to ABS standard**

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 1</td>
<td>Ancestry</td>
<td>✓</td>
<td>✓</td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>★</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

★ matches concept but not ABS module, uses standardised instrument.

3. **Australian Longitudinal Study on Women’s Health**

**Data set**
ALSWH

**Data collected by**
Women’s Health Australia

**Purpose**
A longitudinal survey of over 40,000 women in three cohorts aged 18–23, 45–50 and 70–75 when surveys began in 1996 (Women’s Health Australia 2014c). The survey investigates:

1. factors contributing to the physical and emotional health of individual women in Australia
2. cause-and-effect relationships between women’s health and a range of biological, psychological, social and lifestyle
Cultural and linguistic diversity measures in aged care

factors, and assesses the effects of changes in health policy and practice (Women’s Health Australia 2014a).

CALD measures summary

Measures
1. Country of birth
2. Language spoken at home

Size
40,395 (1996)
20,870 (2010–12) (Women’s Health Australia 2014b)

Data collection method
Participants complete surveys every three years, although the women in the oldest cohort now receive shorter questionnaires every 6 months. Each survey has, on average, 300 questions. Participants have also participated in additional substudies on special topics periodically. The women submit questionnaires by mail or complete them electronically.

Input
Not available

Output
1. Country of birth
2. Language spoken at home

Comments
- The questions behind Output item ‘1. Country of birth’ are said to follow the Census, with data then categorised as ‘Australia’, ‘English-speaking countries’, ‘Non-English speaking countries’ (Women’s Health Australia 2013:111), although the data collection instruments were not viewed.
- The questions behind Output item ‘2. Language spoken at home’ are said to follow the Census, with individual languages then categorised as ‘English’, ‘Non-English’ languages, for comparison (Women’s Health Australia 2013:114), although the data collection instruments were not viewed.

Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 5</td>
<td>Language spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

(a) Data collection instruments were not viewed.
## 4. A Systematic Review of Australian Research on Older People from CALD Backgrounds

### Data set

A Systematic Review of Australian Research on Older People from CALD Backgrounds to Provide and Promote Translation of Research into CALD Aged Care Practices (Australian Population Migration Research Centre 2014).

Research identified will be collected (into a database), summarised, classified and collated according to the parameters set out by a Federation of Ethnic Communities’ Councils of Australia (FECCA) reference committee. After the database is completed and reviewed, the results will be disseminated to key stakeholders, policy makers and service providers. The database will be searchable based on key words or criteria so it will be easy for practitioners to select and access the research evidence that is relevant to them (FECCA 2014).

### Data collected by

University of Adelaide – Australian Population and Migration Research Centre

### Research auspice

The research is being conducted on behalf of FECCA, and funded under the Aged Care Service Improvement & Healthy Ageing Grants Fund, formerly managed by the Australian Government Department of Health and Ageing (DoHA).

### Purpose

The objective of this review is to identify current evidence and any gaps in research and evidence about best practice in meeting the health, wellbeing and social inclusion needs of CALD older people as they age. This information will provide aged care providers access to information and research that enables better informed services. The outcomes of the review will also be a first step to identifying research needs and priorities in CALD ageing and aged care and preparing a means for pursuing a CALD ageing and aged care research agenda (Australian Population Migration Research Centre 2014).

### CALD measures summary

Not available

### Size

(due for completion March 2014)

### Data collection method

1. Literature review:
   - Older people from CALD backgrounds in general
   - Older people from CALD backgrounds with dementia
   - Ageing CALD people with mental health issues
   - CALD carers and carers of CALD aged
2. Review of large national and longitudinal data sets that contain data on, while not specific to, older CALD populations

3. Selected aged care, health and other service providers or researchers were contacted to contribute to the review and identify any research or service delivery priorities for this group, and evidence gaps.

Input
Output
Comments

Map to ABS standard

Research not published as at 13 June 2014.

5. Longitudinal Study of Australian Children

Data set | LSAC (Australian Institute of Family Studies 2002, 2011a, 2011b; Department of Social Services 2014)
---|---
Data collected by | ABS
Data set designed by | Australian Institute of Family Studies
Purpose | The study aims to provide a comprehensive national picture of the current generation of Australian children as they grow up.
CALD measures summary | Measures aggregated across waves
1. Country of birth, Parent 1/Parent 2/Parent 1’s father/Parent 1’s mother/Parent 2’s father/Parent 2’s mother/study child/Mother/Father/Mother’s mother and father/Father’s mother and father
2. Year of arrival in Australia, Parent 1/2/study child/Mother/Father
3. Main language spoken at home by Parent 1/2/study child/Mother/Father
4. Language first spoken as a child, Parent 1/2/Mother/Father
5. Religion, Parent 1/2/study child/Mother/Father
6. Regular attendance at religious services or meetings, Parent 1/2/Mother/Father
7. Proficiency in spoken English, Parent 1/2/Mother/Father (interviewer assessed)
Size | 10,000 (Department of Social Services 2014)
Data collection method | Data are collected by interviewers in one-to-one interviews in the family home with the primary caregiver. Additional data
are obtained from the second parent through face-to-face interview. Further data are obtained through mail-out questionnaires sent to child’s care providers, preschool teachers and primary schools. Standardised questionnaires are used. As the children grow older, they will become the main respondent. Interviews and questionnaires have core sets of questions, most items are closed questions with some open-ended.

**Input**

(all collections aggregated) (Australian Institute of Family Studies 2011b)

1. In which country was Parent 1/2/study child born, (repeated for Mother/Father)  
   Standardised to SACC code.

2. In which year did Parent 1/2/study child arrive in Australia to live for one year or more, (repeated for Mother/Father)  
   YYYY

3. Does Parent 1/2/study child speak a language other than English at home? (If more than one record main language) (repeated for Mother/Father)  
   Standardised to ASCL code.

4. What is Parent 1/2 religion (repeated for Mother/Father)  
   Standardised responses
   1. Catholic  
   2. Anglican (Church of England)  
   3. Uniting Church  
   4. Presbyterian  
   5. Greek Orthodox  
   6. Baptist  
   7. Lutheran  
   8. Other Christian religion  
   9. Hinduism  
   10. Judaism  
   11. Islam  
   12. Buddhism  
   13. Other religion  
   14. No religion

5. Does Parent 1/2 regularly attend religious services or meetings? (repeated for Mother/Father)
Yes/No

6. Which language did Parent 1/2 first speak as a child? (repeated for Mother/Father)
   Standardised to ASCL code.

7. (Interviewer) How well do you consider Parent 1/2 speaks English? (repeated for Mother/Father)
   Standardised responses
   1. Very well
   2. Well
   3. Not well
   4. Not at all

8. In which country was Parent 1/2 father born? (repeated for Mother/Father)
   Standardised to SACC code.

9. In which country was Parent 1/2 mother born? (repeated for Mother/Father)
   Standardised to SACC code.

Output
1. Country of birth, Parent 1/2/study child/Mother/Father/Mother’s mother/Mother’s father/father’s mother/father’s father
2. Year of first arrival in Australia, Parent 1/2/study child/Mother/Father
3. Language other than English spoken at home, Parent 1/2/study child/Mother/Father
4. Language first spoken as a child, Parent 1/2/study child/Mother/Father
5. Proficiency in English (interviewer-assessed), Parent 1/2/study child/Mother/Father
6. Religion, Parent 1/2/study child/Mother/Father

Comments
- Input item 7, Proficiency in English, is assessed by the interviewer rather than the participant (this is not the ABS standard approach).
### Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question</th>
<th>Standardised response</th>
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</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Main language other than</td>
<td></td>
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</tr>
<tr>
<td>ABS core 2</td>
<td>English spoken at home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS core 3</td>
<td>Proficiency in spoken English</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>ABS standard 2</td>
<td>Country of birth (father)</td>
<td>✓</td>
<td>✓</td>
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<td>ABS standard 3</td>
<td>Country of birth (mother)</td>
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<td>First language spoken</td>
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<tr>
<td>ABS standard 7</td>
<td>Religion</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival in Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*No further elements from the ABS minimum core or standard sets.*
Other Australian instruments

The following entries are for clinical screening/assessment tools: the data feed into the ACCR and prospectively into HCPP and the Aged Care Gateway database.

1. **Australian Community Care Needs Assessment -Revised**

| Data set | ACCNA-R – data collected using this instrument are used for assessment for services by providers for community care, ‘aimed to provide a nationally consistent approach to client assessment at the entry point to services across all community care programs’ (Centre for Health Service Development 2010). |
| Data collected by | Assessors use the instrument to collect data on potential clients for assessment of need. |
| Purpose | ACCNA-R is a data collection tool designed to provide a nationally consistent approach to client assessment at the entry point to services across all community care programs (Centre for Health Service Development 2010). |
| CALD measures summary | Measures (Sansoni et al. 2012:26)  
1. Country of birth  
2. Australian citizenship  
3. Ethnic background  
4. Main language spoken at home |
| Size | Not applicable |
| Data collection method | Assessors use the instrument to determine eligibility for service and level of need. |

**Comments**

- The assessment instrument was not viewed, so it is not known whether the questions and responses are standardised to the ABS modules.
- ‘Main language spoken at home’, can be used to derive ‘Main language other than English spoken at home.
- Sansoni et al. (2012:27) note that ‘CALD status items are important to include as these clients may have the option of referral to a specialised culturally appropriate assessment hub’.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(^{(a)})</th>
<th>Standardised response(^{(a)})</th>
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</thead>
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<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
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<td></td>
<td>✅</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>(subset of main language spoken at home)</td>
<td>Can be derived</td>
<td></td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

\(^{(a)}\) Data collection instrument was not viewed.

2. **Australian Community Care Needs Assessment–Ongoing Needs Identification**

**Data set**

ACCNA-ONI—data collected using this instrument are used for assessment by providers for community care.

**Data collected by**

Assessors use the instrument to collect data on potential clients for assessment of need.

**Purpose**

This is a data collection tool to provide a nationally consistent approach to client assessment at the entry point to services across all community care programs.

**CALD measures summary**

Measures (Sansoni et al. 2012:26,57,58)

1. Country of birth
2. CALD background
3. Ethnicity
4. Religion
5. Year of arrival
6. Migration status
7. Main language spoken at home
8. Interpreter required
9. Preferred sex of interpreter
10. Preferred language

**Size**

**Data collection method**

Assessors use the instrument to determine eligibility for service and level of need.

**Input**

(Sansoni et al. 2012)

1. Country of birth
   
   Record (1) Australia (2) Other
   
   If Other, specify [blank space to record response]
If born in Australia, does consumer have a CALD background?
Yes/No
    If Yes, record CALD background, ethnicity and/or Religion
If born overseas,
    Year of arrival [blank space to record response]
    Migration status [blank space to record response]

2. Main language spoken at home
    Record (1) English (2) Other
    If Other, specify [blank space to record response]

3. Interpreter required
    Record (1) Interpreter not needed (2) Interpreter needed
    Preferred sex of interpreter Male/Female
    Preferred language [blank space to record response]

Output

Comments
• The group of measures under Input item ‘1. Country of birth’ include ‘CALD background’, ‘Ethnicity’ and ‘Migration status’, which are not ABS measures.
• Input item ‘2. Main language spoken at home’ can be used to derive ‘Main language other than English spoken at home’.
• All measures under Input item ‘3. Interpreter required’ are not ABS measures.
• Sansoni et al. (2012) provide the guide used by assessors, and it would appear that standardised questions are not used, while standardised responses are.
• Sansoni et al. (2012:27) note that ‘CALD status items are important to include as these clients may have the option of referral to a specialised culturally appropriate assessment hub’.
Map to ABS standard

<table>
<thead>
<tr>
<th>ABS item</th>
<th>Data element</th>
<th>Data element Included</th>
<th>Standardised question(^a)</th>
<th>Standardised response(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS core 1</td>
<td>Country of birth</td>
<td>✓</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>ABS core 2</td>
<td>Main language other than English spoken at home</td>
<td>Can be derived (subset of main language spoken at home)</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 7</td>
<td>Religious affiliation</td>
<td>✓</td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>ABS standard 8</td>
<td>Year of arrival</td>
<td>✓</td>
<td></td>
<td>★</td>
</tr>
</tbody>
</table>

No further elements from the ABS minimum core or standard sets.

\(^a\) matches concept but not ABS module, uses standardised instrument.

(a) Data collection instrument was not viewed.

3. **Carer eligibility and needs assessment**

**Data set**

CENA – data collected using this instrument are used for assessment for services

**Data collected by**

Assessors use the core CENA to collect data on potential clients (carers) for assessment of need. There is a complex interplay between the various assessment tools and their revisions, which is not addressed here for the sake of brevity (see Centre for Health Service Development 2010).

**Purpose**

The CENA aimed to provide consistent eligibility and needs assessment across the NRCP and also for the assessment of carers in HACC programs (Centre for Health Service Development 2010).

The instrument was tested to determine if the data elements could be routinely collected and subsequently used to guide service response (Ramsay et al. 2007). It was field tested by agencies in routine practice (Commonwealth Carelink and Respite Centres and other service providers), using database and web versions, in presentations and through focus group feedback. (One focus group represented CALD stakeholders.)

**CALD measures summary**

Measures

1. Country of birth (carer)
2. Country of birth (care recipient)
3. CALD background (carer)
4. CALD background (care recipient)
5. Migration status
6. Ethnicity
7. Main language spoken at home
8. Interpreter required
9. Preferred sex of interpreter
10. Preferred language (if not spoken English)

Size
Not applicable

Data collection method
Assessors use the instrument to determine eligibility for service and the level of need.

Input
(Ramsay et al. 2007:85, 89, 90)
1. Carer born in Australia
   Yes/No

2. If No to Australia as COB, what is Country of birth
   [record country – code to ABS SACC]

3. If yes to Australia as COB, does carer have a CALD background
   Yes/No

4. Care recipient born in Australia
   Yes/No

5. If No to Australia as COB, what is Country of birth
   [record country – code to ABS SACC]

6. If yes to Australia as COB, does care recipient have a CALD background
   Yes/No

7. If care recipient born overseas, what is migration status
   Standardised responses
   1. Citizen/Permanent resident
   2. Business and Skilled Migrants
   3. Temporary Protection Visa
   4. General Sponsorship
   5. Proposed Entrant
   6. Humanitarian Refugee

8. Or has CALD background, what is care recipient’s ethnicity
   [record text]
9. Main language spoken at home
   [record language – code to ABS ASCL]

10. Interpreter required
    Yes/No

11. Preferred sex of interpreter
    Standardised responses
    1. No preference
    2. Male
    3. Female

12. Preferred language (if not spoken English)
    [record language – code to ABS ASCL]

Output
1. Country of birth (caregiver, care recipient)
2. Main language spoken at home (care recipient)
3. CALD background (caregiver, care recipient)
4. Ethnicity (care recipient)
5. Migration status (care recipient)
6. Interpreter required (care recipient)
7. Preferred sex of interpreter (care recipient)
8. Preferred language (if not spoken English) (care recipient)

Comments
• Ramsay et al. (2007) provide the paper form used by assessors and it would appear that standardised questions are not used, while standardised responses are.
• Input items 2 and 5, Country of birth, is coded according to ABS SACC (Ramsay et al. 2007).
• Input item ‘9. Main language spoken at home’ can be used to derive ‘Main language other than English spoken at home’.
• Input items 9 and 12 are coded according to ABS ASCL (Ramsay et al. 2007).
• Input items 3, 6, 7, 8, 10, 11 and 12 are not ABS measures.
• The CENA assessment tool was reviewed by (among others) 25 people comprising a CALD focus group, representing local government, ethno-specific provider agencies, peak groups and departmental officers. Some were assessors and service providers for single-service types, and others had experience in multiple programs and with packaged care, others were managers and policy makers. Some comments are worth noting for this project, although they were made in relation to the assessment tool overall, not just the CALD elements:
the assessment tool as a whole ‘must be simple, non-intrusive, and short’

‘not appropriate for our CALD target group. It is too Anglo Saxon focused and value based, not culturally sensitive.’

‘a telephone-based assessment is not appropriate for CALD communities where face-to-face contact is essential due to language problems’

‘to obtain this level of information from the carers, it will be vital to utilise an interpreter’

‘our target group is CALD, and this tool may need to be used with an interpreter. The tool is very lengthy and the time taken would be twice as long … some of the terminology would be difficult to translate into other languages’. (Ramsay et al. 2007:53–54)

Sansoni et al. (2012:27) note that ‘CALD status items are important to include as these clients may have the option of referral to a specialised culturally appropriate assessment hub’.

**Map to ABS standard**

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<td>ABS standard 6</td>
<td>Main language spoken at home</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*No further elements from the ABS minimum core or standard sets.*

\(^{(a)}\) Data collection instrument was not viewed.
International

The variables in use are not mapped to the ABS core and standard modules, as each of these agencies is the national statistical agency and establishes the statistical standards relevant to that country.

1. United States Census Bureau

Data set
1. Census
2. American Community Survey (ACS)

Data collected by
United States Census Bureau (2012, 2013, 2014)

Purpose
1. To provide decennially-collected data on population characteristics including sex, age, race, Hispanic or Latino origin, household relationship, household type, household size, family type, family size, and group quarters. Housing characteristics include occupancy status, vacancy status, and tenure (whether a housing unit is owner-occupied or renter-occupied).
2. To give communities the information they need to plan investments and services; this is an ongoing statistical survey that samples a small percentage of the population every year, asking questions about: age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, work location and transport, accommodation and cost of essentials.

CALD measures summary Census
1. Race
ACS
1. Race
2. Country of birth
3. American citizenship
4. Year of arrival
5. Ancestry/ethnic origin
6. Language other than English spoken at home
7. Proficiency in spoken English

Size

Data collection method
See Purpose (above).

Input
Census and ACS
[Please answer both questions about Hispanic origin and race. For this survey Hispanic origins are not races.]
1. Is Person [n] of Hispanic, Latino, or Spanish origin?
   Standardised responses
1. No, not of Hispanic, Latino, or Spanish origin.
2. Yes, Mexican, Mexican Am., Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino or Spanish origin
   [black space provided for answer]

2. What is person [n]’s race?
   Standardised responses
   1. White
   2. Black or African Am.
   3. American Indian or Alaska Native
      [blank space provided to specify name of enrolled or principal tribe]
   4. Asian Indian
   5. Chinese
   6. Filipino
   7. Japanese
   8. Korean
   9. Vietnamese
   10. Other Asian
       [space provided to specify race]
   11. Native Hawaiian
   12. Guamanian or Chamorro
   13. Samoan
   14. Other Pacific Islander
       [space provided to specify race]
   15. Some other race
       [space provided to print race]

The following questions are only included in ACS
3. Where was this person born?
   Standardised responses
   1. In the United States [print name of State]
   2. Outside the United States [print name of foreign country]
4. Is this person a citizen of the United States?
   Standardised responses
   1. Yes, born in the United States
   2. Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
   3. Yes, born abroad of U.S. Citizen parent or parents
   4. Yes, U.S. citizen by naturalization [print year of naturalization]
   5. No, not a U.S. citizen.

5. When did this person come to live in the United States?
   YYYY

6. What is this person’s ancestry or ethnic origin?
   (For example: Italian, Jamaican, African Am., Cambodian…)
   [blank space to record response]

7. Does this person speak a language other than English at home?
   Yes/No

8. What is this language?
   (For example: Korean, Italian, Spanish, Vietnamese)
   [blank space to record response]

9. How well does this person speak English?
   Standardised responses
   1. Very well
   2. Well
   3. Not well
   4. Not at all

Output
1. Race
2. Country of birth
3. American citizenship
4. Year of arrival in the United States
5. Ancestry
6. Language other than English spoken at home
7. Proficiency in spoken English
Comments

• The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify (United States Census Bureau 2013:4).

• Input items 2, 3, 6 and 8 (Race, Country of birth, Ancestry, and Language respectively) are coded according to a standard code list (United States Census Bureau 2012).

• Input item 8, Language, is coded according to the Classification and Index of the World’s Languages (Vogelin & Vogelin 1977). There are 382 individual language codes, which are categorised into four language groups (Spanish, Other Indo-European languages, Asian and Pacific Island languages, and All other languages). There are 39 language groups, including Spanish, French, French Creole, Italian, Portuguese, German, and so on.

2. Office for National Statistics (United Kingdom)

Data set UK Censuses
Data collected by The UK Censuses took place on 27 March 2011. They were run by the Northern Ireland Statistics & Research Agency (NISRA), National Records of Scotland (NRS), and the Office for National Statistics (ONS) for both England and Wales. The UK comprises the countries of England, Wales, Scotland and Northern Ireland (Office for National Statistics 2011a, 2011b, 2013).
Data disseminated by ONS
Purpose The purpose of the Censuses is to provide information on housing and population that government needs to develop policies, and to plan and run public services such as health and education. The data are also widely used by academics, businesses, voluntary organisations and the public.
CALD measures summary Measures
1. Country of birth
2. Main language
3. Proficiency in spoken English
4. Religion
5. Arrival in the United Kingdom
6. Passports held
7. Ethnic group
8. National identity
Size 63.2 million
Data collection method Self-reporting using a standardised questionnaire with standardised responses, returned in electronic form or by post.
Input

1. What is [person’s] country of birth?
   Standardised responses
   1. England
   2. Wales
   3. Scotland
   4. Northern Ireland
   5. Republic of Ireland
   6. Elsewhere, write in the current name of country
      [blank space to record response]

2. If you were not born in the United Kingdom, when did you most recently arrive to live here?
   (Do not count short visits away from the UK)
   MM YYYY

3. How would you describe your national identity?
   (Tick all that apply)
   1. English
   2. Welsh
   3. Scottish
   4. Northern Irish
   5. British
   6. Other, write in
      [blank space to record response]

4. What is your ethnic group?
   (Choose one section from A to E, then tick one box to best describe your ethnic group or background)
   A. White
      1. English/Welsh/Scottish/Northern Irish/British
      2. Irish
      3. Gypsy or Irish Traveller
      4. Any other White background, write in
         [blank space to record response]
   B. Mixed/multiple ethnic groups
      1. White and Black Caribbean
      2. White and Black African
      3. White and Asian
4. Any other Mixed/multiple ethnic background, write in  
[blank space to record response]

C. Asian/Asian British  
1. Indian  
2. Pakistani  
3. Bangladeshi  
4. Chinese  
5. Any other Asian background, write in  
[blank space to record response]

D. Black/African/Caribbean/Black British  
1. African  
2. Caribbean  
3. Any other Black/African/Caribbean background, write in  
[blank space to record response]

E. Other ethnic group  
1. Arab  
2. Any other ethnic group, write in  
[blank space to record response]

5. What is your main language?  
Standardised responses  
1. English  
2. Other, write in, including British Sign Language  
[blank space to record response]

6. How well can you speak English?  
Standardised responses  
1. Very well  
2. Well  
3. Not well  
4. Not at all

7. What is your religion?  
(This question is voluntary)  
1. No religion  
2. Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
3. Cultural and linguistic diversity measures in aged care

3. Buddhist
4. Hindu
5. Jewish
6. Muslim
7. Sikh
8. Any other religion, write in
   [blank space to record response]

8. What passports do you hold?
   (Tick all that apply)
1. United Kingdom
2. Irish
3. Other, write in
   [blank space to record response]
4. None

Output
1. Country of birth
2. Arrival in the United Kingdom
3. National identity
4. Ethnic group
5. Main language
6. Proficiency in spoken English
7. Religion
8. Passports held

Comments
- Input item 1, Country of birth, responses are coded according to the National Statistics Country Classification. The grouping of countries within the classification is broadly regional and takes into account the grouping of European Union countries.
- Input item 5, Main language, is a person’s first or preferred language.
- Output item 7, Religion, was voluntary and no response was categorised as ‘Not stated’. No determination is made about whether a person was a practicing member of religion. It is intended to reveal minority groups not identified by other Census questions.

3. Statistics New Zealand

Data set New Zealand Census of Population and Dwellings
Data collected by Statistics New Zealand
Purpose

The Census is the official count of how many people and dwellings there are in New Zealand. It takes a snapshot of the people in New Zealand and where they lived on the Census date (Statistics New Zealand 2013, 2014).

CALD measures summary

Measures

1. Country of birth
2. Year of arrival in New Zealand
3. Ethnic group
4. Language(s)
5. Iwi (tribe(s))
6. Religious affiliation

Size

4.2 million

Data collection method

Self-reporting questionnaires are delivered to each household by Census collectors, which are then either completed online using a user access code, or collected by the Census collector. The collectors leave two types of forms: a dwelling form and an individual form for everyone present in the household on census night. The questionnaire can be completed in Māori or English.

Input

1. Which country were you born in?
   Standardised responses
   1. New Zealand
   2. Australia
   3. England
   4. China (People’s Republic of)
   5. India
   6. South Africa
   7. Samoa
   8. Cook Islands
   9. other. Please print the present name of the country:
      [blank space to record response]

2. If you live in New Zealand but were not born here, answer this question.
   When did you first arrive to live in in New Zealand?
   MM (if known) YYYY

3. Which ethnic group do you belong to?
   (Mark the space or spaces which apply to you.)
Standardised responses
1. New Zealand European
2. Māori
3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
9. other such as DUTCH, JAPANESE, TOKELAUAN. Please state:
   [blank space to record response]

4. Mark as many spaces as you need to answer this question.
   In which language(s) could you have a conversation about a lot of everyday things?
   (Remember to mark English if you can have a conversation in English.)
   1. English
   2. Māori
   3. Samoan
   4. New Zealand Sign Language
   5. other language(s), for example GUJARATI,
       CANTONESE, GREEK.
       Print the language(s):
       [blank space to record response]

5. Are you descended from a Māori (that is, did you have a Māori birth parent, grandparent or great grandparent, etc)?
   Yes/No/Don’t know

6. Do you know the name(s) of your iwi (tribe or tribes)?
   (A list of iwi can be found on the back of the Guide Notes.)
   Yes. Mark your answer and print the name and home area or region of your iwi.
   [blank space to record response]

7. What is your religion?
   Standardised responses
1. no religion
2. Christian
3. Buddhist
4. Hindu
5. Muslim
6. Jewish
7. other religion. Print what it is:

Output

1. Birthplace
2. Year (and month) of arrival in New Zealand
3. Ethnic group
4. Languages spoken
5. Iwi (tribe(s))
6. Religious affiliation

Comments

• Input item ‘1. Which country were you born in’ was updated on 21 January 2014 and reported as Output item ‘1. Birthplace’.

• Input item 3, Ethnic group or groups, refers to the group that people identify with or feel they belong to. Thus, ethnicity is self-perceived, and people can belong to more than one ethnic group. Ethnicity is a measure of cultural affiliation, as opposed to race, ancestry, nationality or citizenship. An ethnic group is made up of people who have some or all of the following characteristics:
  - a common proper name
  - one or more elements of common culture which need not be specified, but could include religion
  - customs, or language
  - unique community of interests, feelings and actions
  - a shared sense of common origins or ancestry
  - a common geographic origin (Statistics New Zealand 2010).
Appendix B: Reviewed data sets by compliance with ABS standard

(The table is on the pages following.)

Key

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🌴🌴🌴</td>
<td>Matches ABS concept and adheres to data collection methodology</td>
</tr>
<tr>
<td>🌴🌴</td>
<td>Matches ABS concept and adheres to standardised ABS question</td>
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(a) This shows the aggregated measures across both instruments.
Appendix C: CALD measures identified

This Appendix shows each CALD measure identified during the review, detailing the data set or instrument in which the measure occurs, and the source of the data.

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<td>PIAAC</td>
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<td>HILDA Survey</td>
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<tr>
<td>Measure</td>
<td>Data set/ instrument</td>
<td>Source</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<tr>
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<td>ABS</td>
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<td></td>
<td>ACMID</td>
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<td></td>
<td>SHSC</td>
<td>AIHW/homelessness agencies</td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
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<td>45 and up</td>
<td>Sax Institute</td>
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</tr>
<tr>
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<td>ACCNA-ONI</td>
<td>Wollongong University</td>
</tr>
<tr>
<td></td>
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</tr>
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<td>UK Censuses</td>
<td>Office for National Statistics (UK)</td>
</tr>
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<td>Statistics New Zealand</td>
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<tr>
<td>Other</td>
<td>2008 Community Care Census</td>
<td>Former DoHA</td>
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<tr>
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<td>NRCP</td>
<td>DSS</td>
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<td>Wollongong University</td>
</tr>
<tr>
<td></td>
<td>CENA</td>
<td>Wollongong University</td>
</tr>
<tr>
<td>Citizenship (Australian or other)</td>
<td>Aged Care Workforce Survey</td>
<td>NILS, Flinders University</td>
</tr>
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<td></td>
<td>Survey of Education and Training</td>
<td>ABS</td>
</tr>
<tr>
<td></td>
<td>HILDA survey</td>
<td>Melbourne Institute</td>
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<td>Higher Education Student Data Collection</td>
<td>Australian Government Department of Education</td>
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<td></td>
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<td></td>
<td>ACS</td>
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<td>Melbourne Institute</td>
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<td>Data set/ instrument</td>
<td>Source</td>
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<tr>
<td>----------------------------------------</td>
<td>---------------------------------------</td>
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<td>Country of birth, Father's father</td>
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<td>ABS/Australian Institute of Family Studies</td>
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<td>ABS/Australian Institute of Family Studies</td>
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<td>background / Ethic or cultural</td>
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<td>background / Ethnicity</td>
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<tr>
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<td>DIBP formerly DIAC</td>
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<td>ACCNA-ONI</td>
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<td>Wollongong University</td>
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<tr>
<td>CENA</td>
<td></td>
<td>Wollongong University</td>
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<tr>
<td>UK Censuses</td>
<td></td>
<td>Office for National Statistics (UK)</td>
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<tr>
<td>NZ Census of Population and Housing</td>
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<td>Statistics New Zealand</td>
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<tr>
<td>Fluency in languages other than English</td>
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<td>NILS, Flinders University</td>
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<td></td>
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<td>AIHW/disability services</td>
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<td></td>
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<td>Flinders University</td>
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<tr>
<td></td>
<td>CENA</td>
<td>Wollongong University</td>
</tr>
<tr>
<td></td>
<td>ACCNA-ONI</td>
<td>Wollongong University</td>
</tr>
<tr>
<td>Interpreter preferred sex</td>
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<tr>
<td></td>
<td>CENA</td>
<td>Wollongong University</td>
</tr>
<tr>
<td>Language or other cultural knowledge</td>
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<td>NILS, Flinders University</td>
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<tr>
<td>Language spoken best / Language most fluent in</td>
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<td>NILS, Flinders University</td>
</tr>
<tr>
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<td>CSAM</td>
<td>DIBP formerly DIAC</td>
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<tr>
<td>Measure</td>
<td>Data set/ instrument</td>
<td>Source</td>
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<td>----------------------------------------------</td>
<td>---------------------------------------</td>
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</tr>
<tr>
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<td>Main language spoken at home by Parent</td>
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<td>ABS/Australian Institute of Family Studies</td>
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<tr>
<td>Migration category / Migration type / Migration details / Migration status</td>
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<td>NILS, Flinders University, Melbourne Institute, DIBP formerly DIAC, Wollongong University, Wollongong University, Wollongong University</td>
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<tr>
<td>National identity</td>
<td>UK Censuses</td>
<td>Office for National Statistics (UK)</td>
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<tr>
<td>Nationality</td>
<td>Australian Longitudinal Study of Ageing</td>
<td>Flinders University</td>
</tr>
<tr>
<td>Non-English speaking background household</td>
<td>Community Housing Data Collection</td>
<td>AIHW/State, Territory housing authorities</td>
</tr>
<tr>
<td>Parents’ year of arrival in Australia</td>
<td>Longitudinal Survey of Australian Children</td>
<td>Australian Institute of Family Studies</td>
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<td>Passports held</td>
<td>UK Censuses</td>
<td>Office for National Statistics (UK)</td>
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<td>Permanent residency status</td>
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<td>NILS, Flinders University, Melbourne Institute</td>
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<td>Preferred language</td>
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<td>AIHW/ drug treatment agencies, Flinders University, Wollongong University, Wollongong University</td>
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<td>Census, and ACS</td>
<td>U.S. Census Bureau</td>
</tr>
<tr>
<td>Regular attendance at religious services or meetings / Frequency in attending religious services</td>
<td>HILDA Survey</td>
<td>Melbourne Institute</td>
</tr>
<tr>
<td>Measure</td>
<td>Data set/ instrument</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
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</tr>
<tr>
<td>Regular attendance at religious services or meetings</td>
<td>Longitudinal Survey of Australian Children</td>
<td>Australian Institute of Family Studies</td>
</tr>
<tr>
<td>Frequency in attending religious services cont'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion, importance of</td>
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<td>Melbourne Institute</td>
</tr>
<tr>
<td>Visa /</td>
<td>ACMID</td>
<td>ABS/former DIAC</td>
</tr>
<tr>
<td>Visa sub-class</td>
<td>HILDA survey</td>
<td>Melbourne Institute</td>
</tr>
<tr>
<td>Visa sub-class</td>
<td>SDB</td>
<td>DIBP formerly DIAC</td>
</tr>
<tr>
<td>Whether first spoke a language other than English</td>
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<td>Melbourne Institute</td>
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</tbody>
</table>
### Appendix D: ‘Top-10’ identified measures

This Appendix details the ‘top-10’ CALD measures identified during the review, including utility considerations used in analysis and specific support for the Act, the Strategy and relevant standards.

<table>
<thead>
<tr>
<th>Identified measure or measures</th>
<th>Utility</th>
<th>Support for the Act, the Strategy, the sector Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main language other than English spoken at home</td>
<td>‘Data on languages spoken at home are regarded as an indicator of active ethnicity and language use’ (ABS 1999:26).</td>
<td>Aged Care Act 1997 Division 12 to identify community needs, particularly in respect of people with special needs(^{(a)}) (as an objective of the planning process)</td>
</tr>
<tr>
<td>Main language spoken at home(^{(b)})</td>
<td>‘Information on languages is also required for the investigation and development of interpreter services’ (ABS 1999:26). Used in preference to other language measures when the aim is to measure ‘the likely disadvantage experienced by persons whose usual language is not English’ (ABS 1999:64). These measures support achieving Strategy Goals 2 and 3 more effectively if used in conjunction with the measures ‘Interpreter services required’ and ‘Interpreter preferred sex’. These measures have increased utility if used as a trigger for ‘Preferred language’.</td>
<td>National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds Goals 2,3,6 (directly) Goals 1,4,5 (indirectly)</td>
</tr>
<tr>
<td>Country of birth</td>
<td>This is regarded as a primary measure of cultural background (ABS 1999). Migrants and their descendants are identified as population groups more likely to experience disadvantage when seeking access to services (ABS 1999). Combining this measure with ‘Year of arrival in Australia’, and ‘Proficiency in spoken English’, gives an indication of enculturation and potential support needs.</td>
<td>Aged Care Act 1997 Division 12 to identify community needs, particularly in respect of people with special needs(^{(a)}) (as an objective of the planning process)</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Where relevant.

\(^{(b)}\) Additional measure.

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Cultural and linguistic diversity measures in aged care   135
<table>
<thead>
<tr>
<th>Identified measure or measures</th>
<th>Utility</th>
<th>Support for the Act, the Strategy, the sector Standards</th>
</tr>
</thead>
</table>
| Country of birth cont’        | This measure supports achieving all Strategy goals more effectively when combined with ‘Year of arrival’ and ‘Proficiency in spoken English’, giving greater insight into potential disadvantage. | National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds  
Goal 6 (directly)  
Goals 1–5 (indirectly) |
| Year of arrival in Australia (the first time arrived in Australia to live here for one year or more) | Combining this measure with ‘Country of birth’, and ‘Proficiency in spoken English’, gives an indication of acculturation and potential support needs.  
This measure supports achieving all Strategy goals only when combined with ‘Country of birth’ and ‘Proficiency in spoken English’, giving greater insight into potential disadvantage. | Aged Care Act 1997  
Division 12  
to identify community needs, particularly in respect of people with special needs\(^{(c)}\) (as an objective of the planning process)  
National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) backgrounds  
Goal 6 (directly)  
Goals 1–5 (indirectly)  
Residential Aged Care – Accreditation Standards  
Outcome 3.8 Cultural and spiritual life  
Home Care Standards  
EO 1.4  
EO 2.2 |
<table>
<thead>
<tr>
<th>Identified measure or measures</th>
<th>Utility</th>
<th>Support for the Act, the Strategy, the sector Standards</th>
</tr>
</thead>
</table>
| • Interpreter services required/used | While 'information on languages is also required for the investigation and development of interpreter services' (ABS 1999: 26), this measure enables the individual service user to express the need/wish for an interpreter. | **Aged Care Act 1997**  
Division 12  
to identify community needs, particularly in respect of people with special needs[^a] (as an objective of the planning process) |
|                                 | The ACAT assessment is required to ensure an accurate exchange of information, through the use of independent, qualified interpreters to assist people whose main language spoken at home (or most recent private residential setting) is not English (Department of Health 2014a). | **National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds**  
Goals 2, 3, 6 (directly)  
Goals 1, 4, 5 (indirectly) |
| • Preferred sex of interpreter | While 'information on languages is also required for the investigation and development of interpreter services' (ABS 1999: 26), this measure, combined with 'interpreter services required/used', enables the individual service user to express the need/wish for an interpreter with specific sex. | **Aged Care Act 1997**  
Division 12  
to identify community needs, particularly in respect of people with special needs[^a] (as an objective of the planning process) |
|                                 | ACATs are intended to identify, facilitate and promote culturally sensitive forms of assessment for people from culturally and linguistically [diverse] backgrounds (Department of Health 2014a). This measure is significant for both cultural and religious reasons, and personal dignity. | **National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) backgrounds**  
Goals 2, 3, 6 (directly)  
Goals 1, 4, 5 (indirectly) |

[^a]: This refers to individuals with special needs, such as those who are deaf or hard of hearing.
<table>
<thead>
<tr>
<th>Identified measure or measures</th>
<th>Utility</th>
<th>Support for the Act, the Strategy, the sector Standards</th>
</tr>
</thead>
</table>
| • Proficiency in spoken English | • This measure is used primarily to identify people who may suffer disadvantage as a result of lack of competence in spoken English’ (ABS 1999:32).  
• This measure is used to identify a potential barrier ‘to gaining access to government programs and services’ (ABS 1999:32).  
• Combining this measure with ‘Country of birth’ and ‘Year of arrival in Australia’, gives an indication of enculturation and potential support needs.  
• This measure supports achieving all Strategy goals more effectively when combined with ‘Country of birth’ and ‘Year of arrival’, giving greater insight into potential disadvantage. | **Aged Care Act 1997**  
Division 12  
to identify community needs, particularly in respect of people with special needs<sup>(i)</sup>  
(as an objective of the planning process)  

**National Ageing and Aged Care**  
**Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds**  
Goals 2,3,6 (directly)  
Goals 1,4,5 (indirectly)  

**Residential Aged Care – Accreditation Standards**  
Outcome 3.8 Cultural and spiritual life  

**Home Care Standards**  
EO 1.4  
EO 2.2  
EO 3.1 |
| • Religious affiliation | • This measure is useful in social research to indicate ‘a person’s cultural background when used in conjunction with other cultural and language variables’ (ABS 1999:68).  
• ‘Some agencies and organisations have also found these data helpful in delivering more culturally relevant services’ (ABS 1999:68).  
• Combining this measure with ‘Regular attendance at religious services’ and ‘Importance of religion’, provides important cultural information and identifies potential areas of service need.  
• When used with ‘Regular attendance at religious services’ and ‘Importance of religion’, ‘Importance of religion’ should be used to screen before using this measure. | **Aged Care Act 1997**  
Division 12  
to identify community needs, particularly in respect of people with special needs<sup>(i)</sup>  
(as an objective of the planning process)  

**National Ageing and Aged Care**  
**Strategy for People from Culturally and Linguistically Diverse (CALD) backgrounds**  
Goals 2,6 (directly)  
Goals 1,4,5 (indirectly)  

**Residential Aged Care – Accreditation Standards**  
Outcome 3.8 Cultural and spiritual life  

**Home Care Standards**  
EO 1.4 |
<table>
<thead>
<tr>
<th>Identified measure or measures</th>
<th>Utility</th>
<th>Support for the Act, the Strategy, the sector Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular attendance at religious services</td>
<td>• Combining this measure with 'Religious affiliation' and 'Importance of religion', provides important cultural information and identifies potential areas of service need. • When used with 'Religious affiliation' and 'Importance of religion', 'Importance of religion' should be used to screen before using this measure.</td>
<td>Aged Care Act 1997 Division 12 to identify community needs, particularly in respect of people with special needs(^{(c)}) (as an objective of the planning process) National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds Goals 2,6 (directly) Goals 1,4,5 (indirectly) Residential Aged Care – Accreditation Standards Outcome 3.8 Cultural and spiritual life Home Care Standards EO 1.4</td>
</tr>
<tr>
<td>• Importance of religion</td>
<td>• Combining this measure with 'Religious affiliation' and with 'Regular attendance at religious services', provides important cultural information and identifies potential areas of service need. • When used with 'Religious affiliation' and 'Regular attendance at religious services', this measure should be used to screen before using other measures.</td>
<td>Aged Care Act 1997 Division 12 to identify community needs, particularly in respect of people with special needs(^{(c)}) (as an objective of the planning process) National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds Goals 2,6 (directly) Goals 1,4,5 (indirectly) Residential Aged Care – Accreditation Standards Outcome 3.8 Cultural and spiritual life Home Care Standards EO 1.4</td>
</tr>
</tbody>
</table>

(a) Measures are listed in descending order of ranking, according to assessment against criteria for the evaluation of CALD measures (see tables 3 and 4). A number of measures were scored with identical ranking: 'Main language other than English spoken at home' and 'Main language spoken at home', 'Country of birth' and 'Year of arrival', 'Interpreter services required' and 'Interpreter sex preferred', and 'Regular attendance at religious services' and 'Importance of religion'.

(b) These measures are clustered as the second measure is the one usually collected, and provides data for both measures.

(c) People with special needs (referenced in subsection 12-2 (b)), are defined in the Aged Care Act 1997 as, among others, ‘people from culturally and linguistically diverse backgrounds’.
Appendix E: CALD measures in aged care data sets

This Appendix reports the CALD measures used in each of the aged care data sets reviewed, recording the frequency of each measure’s use in the reviewed sample, the scores achieved against each criterion and the ‘Overall rating’ of the combined measures for each data set. The ‘Overall rating’ reflects the cumulative value of the measures used in each data set, moderated for the way in which the measure is subject to standardised data collection methodology. 1 is the lowest score and 5 is the highest.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency of use (in sample)</th>
<th>Criterion</th>
<th>Total</th>
<th>Comments</th>
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</thead>
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<tr>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>Aged Care Workforce Survey</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Country of birth</td>
<td>37</td>
<td>10</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Proficiency in spoken English</td>
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<td>20</td>
<td>4</td>
<td>16</td>
</tr>
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<td>Year of arrival</td>
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<td>20</td>
<td>12</td>
<td>12</td>
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<td>Fluency in languages other than English</td>
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<tr>
<td>Overall rating</td>
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</tr>
</tbody>
</table>

Items 1, 2 and 3 are ABS concepts, although the data collection for 2 and 3 reduces the rating. Together the measures provide a basic statistical understanding of the CALD workforce and its capacity.

Aged Care Workforce Census | | | | |
| Cultural or ethnic group (to which service caters) | 7 | 15 | 8 | 12 | 0 | 4 | 39 | Service-capacity measure |
| Language or other cultural knowledge of staff | 1 | 10 | 0 | 12 | 0 | 0 | 22 | Service-capacity measure |
| Cultural or ethnic group (of care workers) | 7 | 15 | 8 | 12 | 0 | 4 | 39 | Service-capacity measure |
| Overall rating | | | | | | | | 3 |

Although these are service-capacity measures, used together, if standardised in collection, they have the potential to provide important information on the sector’s CALD service capacity.

2008 Community Care Census | | | | |
<p>| Country of birth | 37 | 10 | 16 | 16 | 12 | 8 | 62 | Applies ABS concept and methodology |
| Main language other than English spoken at home | 23 | 15 | 16 | 16 | 12 | 6 | 65 | Derived from ‘Main language spoken at home’, see comment |
| Main language spoken at home | 19 | 15 | 16 | 16 | 12 | 6 | 65 | Applies ABS concept. Is similar, not identical to ABS methodology; the standardised question differs slightly from the ABS module |
| Additional service/s provided to address absence of English language skills | 2 | 15 | 4 | 12 | 0 | 4 | 35 | Service-capacity measure |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency of use (in sample)</th>
<th>Criterion</th>
<th>Total</th>
<th>Comments</th>
</tr>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2008 Community Care Census <em>cont’</em></td>
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<tr>
<td>Overall rating</td>
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<td>Aged Care Gateway</td>
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<tr>
<td>Aged Care Assessment Program Minimum Data Set</td>
<td></td>
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<tr>
<td>Country of birth</td>
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<td>16</td>
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*Items 1 and 2 are ABS concepts, although the data collection for ‘Main language’ reduces the rating. Together the measures provide a basic statistical understanding of the CALD community but not its needs.*
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<td>Carer data item. It is assumed that this measure applies the ABS concept and methodology, as reported in the 2008 Community Care Census (incorporating NRCP data)</td>
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Department of Veterans’ Affairs

(multiple data sets) No CALD measures currently collected, development in planning

Australian Community Care Needs Assessment-Revised

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Australian Community Care Needs Assessment—Ongoing Needs Identification

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<td>Migration status</td>
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<td>65 Derived from ‘Main language spoken at home’, see comment</td>
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<td></td>
<td></td>
<td>4(?) A definitive rating cannot be given as the collection methodology and definitions are largely unknown. Items 1 and 2 are ABS concepts. Together the measures theoretically provide a statistical understanding of the CALD community and identify the need for an interpreter</td>
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<td>Country of birth</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>4(?) Theoretically this combination of measures would yield high value CALD information of both a statistical profile and service need nature. The instrument does not address any spiritual aspects of culture</td>
<td></td>
</tr>
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</table>
Appendix F: ABS modules for key CALD variables

This Appendix contains information about the ABS standard question module for the CALD data items ‘Country of birth’, ‘Main language spoken at home’ and ‘Main language other than English spoken at home’ (extracted from AIHW forthcoming). Additional information on the ABS core and additional standard items is in section 3 of this paper.

Country of birth

There are two standard question modules for ‘Country of birth of person’ (see Box A7.1)—one for detailed data and another for minimum data. These were updated in September 2012.

Alternative 1: Detailed data

The question module for detailed data elicits the most detailed responses on country of birth. This standard question module is recommended for all household based surveys and other statistical and administrative collections that are designed to collect extensive data on someone’s country of birth. It provides detailed information about the countries of birth of the Australian population. The ABS periodically conducts reviews of statistical standards. Following these reviews, the countries included in the response options for detailed data can be modified to list the most likely countries to be chosen in the Australian population.

There are two alternatives for the question module for detailed data, either of which can be used depending on space and cost considerations:

- a set of tick boxes and an ‘Other—please specify’ response category for writing a country not specified in the tick box list
- a tick box for Australia and an ‘Other—please specify’ write-in category.

Alternative 2: Minimum data

The question module for minimum data only contains the tick box options ‘Australia’ and ‘Other country’ and, therefore, does not collect detail on countries other than Australia.

<table>
<thead>
<tr>
<th>Box A7.1: Country of birth of person—Question modules</th>
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</thead>
<tbody>
<tr>
<td>Detailed data</td>
</tr>
<tr>
<td>Question</td>
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<td>In which country [were you] [was the person] [was (name)] born?</td>
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<td>Response options – alternative 1</td>
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<td>Australia</td>
</tr>
<tr>
<td>England</td>
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<td>New Zealand</td>
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<tr>
<td>India</td>
</tr>
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<td>Italy</td>
</tr>
<tr>
<td>Vietnam</td>
</tr>
<tr>
<td>Philippines</td>
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</table>
Main language spoken at home

There are two standard question modules for main language spoken at home (see Box A8.1)—one for detailed data and another for minimum data.

Alternative 1: Detailed data

The question module for detailed data elicits the most detailed responses and data on main language spoken at home.

As mentioned in Appendix F, the ABS periodically conducts reviews of statistical standards. Following these reviews, the languages included in the response options for detailed data may be modified to list the most likely languages to be spoken by the Australian population.

There are two alternatives for the question module for detailed data, either of which can be used, depending on space and cost considerations:

- a set of ‘most likely’ languages with tick boxes and an ‘Other – please specify’ response category for writing a language not specified in the tick box list
- a tick box for ‘English’ and an ‘Other on 21 January 2014 – please specify’ write-in category. This option is more compact, but it will incur additional coding costs.

Alternative 2: Minimum data

The question module for minimum data contains only the tick box options ‘English’ and ‘Other’ and, therefore, does not collect details as to which language other than English is spoken.
Box A8.1: Main language spoken at home—Question modules

Detailed data

Question
Which language [do you] [does the person] [does (name)] [will (name of child under two years)] mainly speak at home? (If more than one language, indicate the one that is spoken most often.)

Response options – alternative 1

- English
- Mandarin
- Italian
- Arabic
- Cantonese
- Greek
- Vietnamese
- Spanish
- Hindi
- Tagalog

Other - please specify: . . . . . . . . . . . . . . . .

Response options – alternative 2

- English
- Other - please specify: . . . . . . . . . . . . . . . .

Minimum data

Question
Which language [do you] [does the person] [does (name)] [will (name of child under two years)] mainly speak at home?

Mark one box only.

Response options

- English
- Other

Main language other than English spoken at home

There are two standard question modules for main language other than English spoken at home (see Box A8.2)—one for detailed data, and another for minimum data.

Alternative 1: Detailed data
There are two alternatives for the question module for detailed data, either of which can be used:

- a set of ‘most likely’ languages with tick boxes and a ‘Yes, Other—please specify’ response category for writing a language not specified in the tick box list
- a tick box for ‘No, English Only’ and a ‘Yes, Other—please specify’ write-in category. This option is more compact, but it will incur additional coding costs.

**Alternative 2: Minimum data**

The question module for Minimum Data contains only the tick box options ‘No, English only’ and ‘Yes, Other’ and, therefore, does not collect details as to which language other than English is spoken.

---

**Box A8.2: Main language other than English spoken at home—Question modules**

**Detailed data**

**Question**

[[Do you] [Does the person] [Does (name)] [Will (name of child under two years)]] speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

**Response options – alternative 1**

- No, English
- Yes, Mandarin
- Yes, Italian
- Yes, Arabic
- Yes, Cantonese
- Yes, Greek
- Yes, Vietnamese
- Yes, Spanish
- Yes, Hindi
- Yes, Tagalog
- Yes, Other - please specify: . . . . . . . . . . . . . . . . . . . . . .

**Response options – alternative 2**

- No, English only
- Yes, Other - please specify: . . . . . . . . . . . . . . . . . . . .

**Minimum data**

**Question**

[Do you] [Does the person] [Does (name)] [Will (name of child under two years)]] speak a language other than English at home?

**Response options**

- No, English only
- Yes, Other
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Table 4: CALD measures assessed by criteria
Accurate and consistent identification of those from culturally and linguistically diverse (CALD) backgrounds, along with their service needs, is important to achieving the objectives of the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds. This paper presents findings from an evaluation of CALD measures identified in 43 data sets and assessment instruments, and recommendations for implementing the 'top-10' measures in aged care data sets.