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Australian Institute of
Health and Welfare

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How do overseas-born Australians use aged care services?

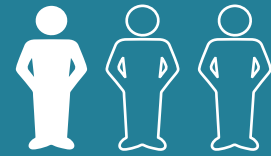
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Australia is a culturally and linguistically diverse country. In 2021, about 3 in 10 Australians were born overseas and about 1 in 4 spoke a language other than English at home (ABS 2022a).

Understanding how people from diverse backgrounds interact with aged care services is particularly important given older people already face more complex health needs and challenges in navigating the health system. People from culturally and linguistically diverse backgrounds may face greater challenges when dealing with health and welfare systems. When language barriers, lower health literacy, and difficulties navigating an unfamiliar system are present, they can put individuals at greater risk of poorer quality health care, service delivery and health outcomes (AIHW 2023a). In addition, cultural practices, language and family culture influence what a person needs from services and how a person accesses them.

Migration patterns into Australia provide insight into the future needs of aged care service users and are useful for aged care service planning. A large proportion of older overseas-born Australians are from North-West Europe and Southern and Eastern Europe, including the United Kingdom, Italy and Greece, following mid-20th century post-war migration patterns. Migration patterns in recent decades have seen a decrease in migrants from Europe and an increase in migrants from Asian regions, including Vietnam, China, and more recently, India, and the Philippines (ABS 2022a). In coming decades, tailoring aged care services to people from these regions and improving diversity data collection methods will be vital to providing quality aged care.

This report focuses on how Australians born overseas use aged care services. Similarities and differences in the use of aged care services by people born in different regions are highlighted. New data development activities that can improve understanding of how people from diverse backgrounds access and use the Australian aged care system are also covered.



1 in 3 people using aged care services in 2019–20 were born overseas.



Aged care users born in North-East Asia differed to aged care users born in other regions in many ways – they sought aged care services at a later age, were less likely to live alone, were more likely to use group social support services and require translation services.



Aged care users born in Australia and European regions used aged care services for longer than people born in Asian regions.

AIHW

About the data

This report explores how people with different cultural backgrounds use aged care services. Using data linkage, it follows people's movement through the aged care system, and seeks to understand whether this differs for people born in Australia and those born overseas.

The [Pathways in Aged Care \(PIAC\) link map](#) allows person-based use of Australian aged care services to be explored through linkage of [aged care administrative and assessment data](#) and National Death Index data.

Administrative data is information created when people use services, such as aged care, hospital and social services. This information can be used to monitor, improve and plan services. Within this administrative data, indicators of cultural background include country of birth, preferred language, and First Nations status. This report focuses on people who used the aged care system in 2019–20, using country of birth to identify people who are Australian-born and people who are overseas-born. Region of birth is based on Standard Australian Classification of Countries (SACC) major group (ABS 2016).



Standard Australia Classification of Countries (SACC) Major Regions:

■ Australia (including External Territories)	■ South-East Asia
■ Oceania and Antarctica (excluding Australia)	■ North-East Asia
■ North-West Europe	■ Southern and Central Asia
■ Southern and Eastern Europe	■ Americas
■ North Africa and the Middle East	■ Sub-Saharan Africa

Please note: For this publication, Australia has been separated from other Oceania and Antarctica.

Types of aged care services in Australia

Aged care services in Australia range from support to remain largely independent at home, such as help with household chores, meals or transport to appointments, through to long term care in a residential care setting. For more information on types of aged care, see the [GEN website](#) and [People using aged care](#) (AIHW 2023b).

First Nations people using aged care services

The AIHW uses “First Nations people” to refer to Aboriginal and/or Torres Strait Islander people. First Nations people comprise hundreds of groups with distinct languages, histories and cultural traditions. First Nations people’s needs are unique and distinct from the Australian-born and overseas-born populations captured in this report.

For detailed information on First Nations peoples’ use of the aged care system, see [Aged care for First Nations people](#) (AIHW 2023c) and [Aboriginal and Torres Strait Islander Australians using aged care](#) (AIHW 2023d).

This report does not include analysis about First Nations people using aged care services.

One in three aged care users are born overseas

During 2019–20, approximately 1.1 million Australians had contact with the aged care system. Of these 1.1 million people:

- 65% (707,000) were born in Australia
- 35% (374,000) were born in a country other than Australia.

More than 2 in 3 aged care users born overseas were born in North-West Europe (38%) or Southern and Eastern Europe (31%), with the most common countries of birth being the United Kingdom, Italy and Greece (Figure 1).

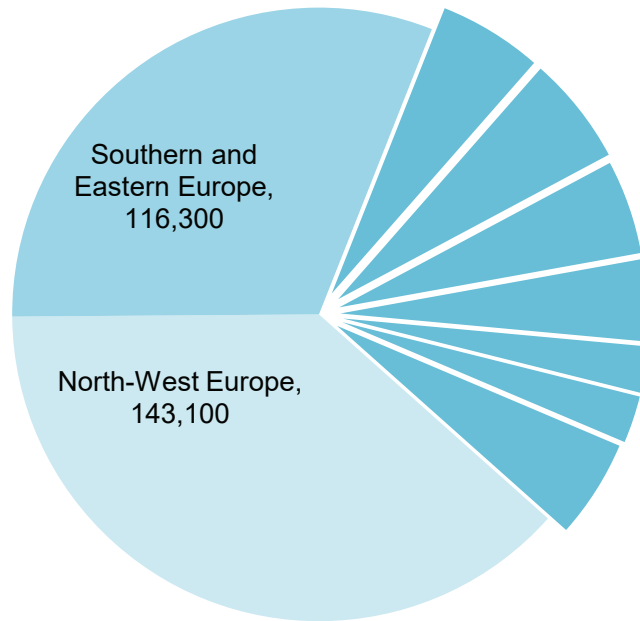
Figure 1. People using aged care services in 2019–20, by region of birth

Most common countries of birth:

United Kingdom,
102,000

Italy,
42,700

Greece,
24,500



North Africa and the Middle East,
20,400

South-East Asia,
21,400

North-East Asia,
18,500

Southern and Central Asia,
16,000

Americas,
9,100

Sub-Saharan Africa,
9,300

Oceania and Antarctica (excluding Australia),
19,400

Source: AIHW analysis of PIAC 2020 (Table S1)

Note: Excludes aged care users who had incomplete information to include in detailed analysis (13,600).

From all regions of birth, more aged care users were women than men. Across most regions of birth, more than 3 in 5 (ranging from 62% to 65%) aged care users were women. This was slightly higher for people born in South-East Asia, with 7 in 10 (70%, 15,000) aged care users being women.

The age distribution of aged care users born in each region provides information about how long people are likely to have been in the aged care system, and what aged care services they might use as they continue to age.

Based on age at the start of 2019, aged care users born in North-West Europe and Southern and Eastern Europe had the oldest age distributions. About 4 in 5 men and women from both regions of birth were aged 75 years and over (Figure 2). Men and women born in Southern and Eastern Europe had the highest median ages (83 and 82 years respectively). This was 5 years older than regions of birth with the lowest median ages. Aged care users born in North Africa and the Middle East, South-East Asia, Oceania and Antarctica (excluding Australia), and Americas, were generally the youngest, although the order of these differed for men and women (Table S1).

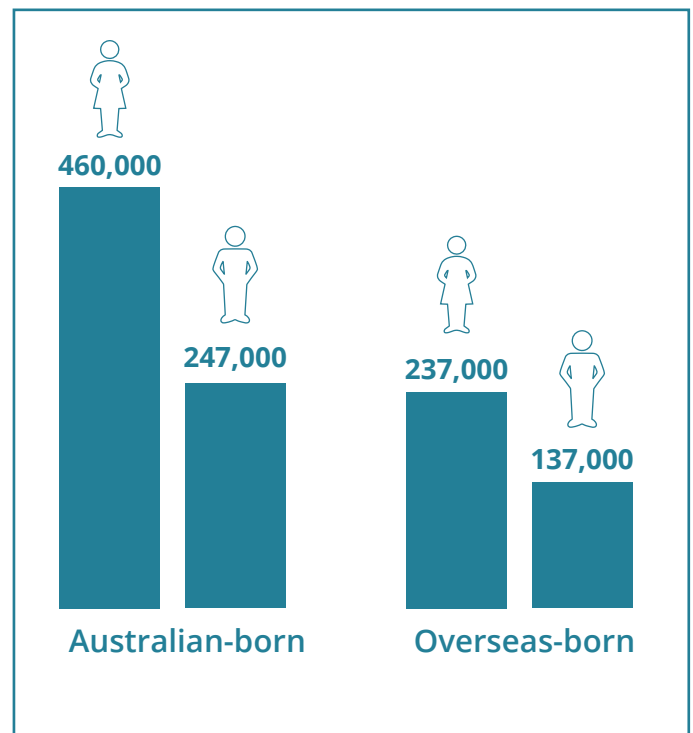
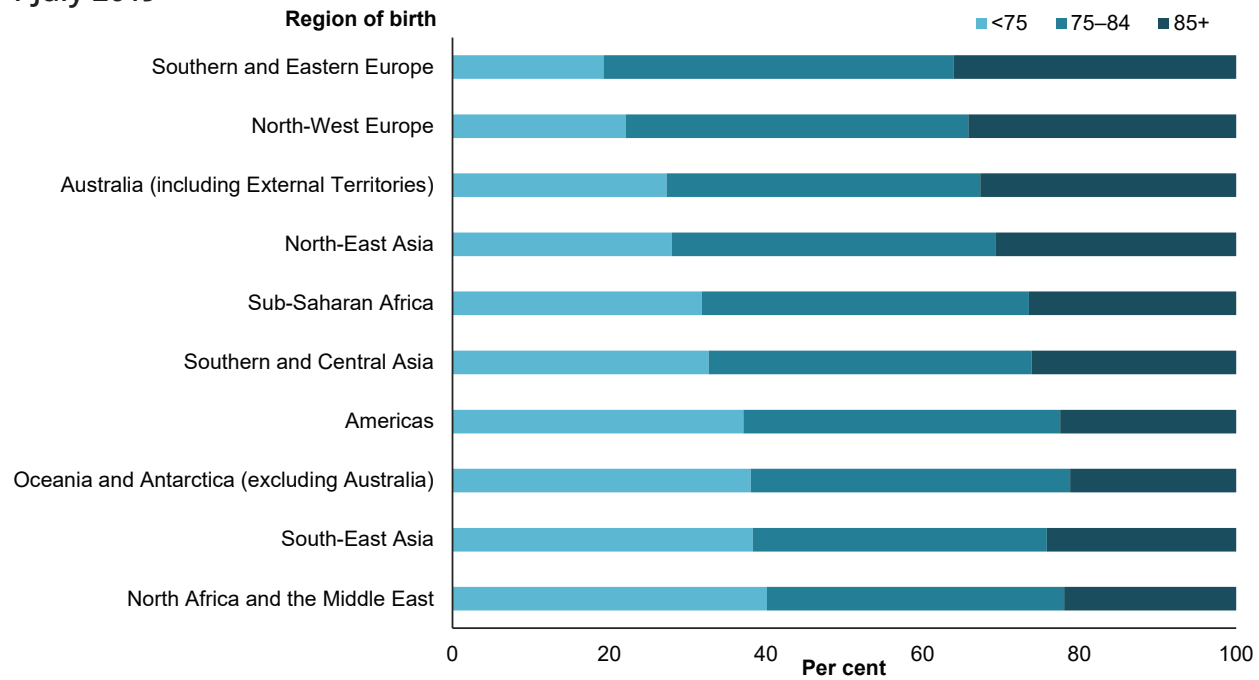


Figure 2. People using aged care services in 2019–20, by region of birth and age group at 1 July 2019



Source: AIHW analysis of PIAC 2020 (Table S1)

Note: Excludes aged care users who had incomplete information to include in detailed analysis (13,600).

These age patterns are generally consistent with broader immigration trends into Australia, with a greater number of people immigrating to Australia from European countries in the decades following World War II, and in more recent decades, an increase in immigration of people from Asian countries (ABS 2022a).

In half of the regions where individuals were born outside of Australia, men were generally older than women. The largest differences were seen in people from North Africa and the Middle East and South-East Asia. This contrasts with the general pattern seen in aged care, in which women are generally older, particularly in residential aged care settings (AIHW 2023b). In Australia, and most parts of the world, women’s life expectancy exceeds men’s (AIHW 2023e), which is likely to contribute to more women at older ages needing aged care services than men.

Aged care users born in North-East Asia are less likely to live alone

People’s current living arrangements are captured when they are assessed for eligibility for aged care services. People’s living arrangements, including whether they live alone or with others (e.g., family, partners or friends) are a part of their broader support network, and are generally part of their informal support. The informal support people have available to them influences the types of aged care services they need. When looking at first assessments for people using aged care services during 2019–20, there are considerable differences across sex and region of birth (Figure 3).

About assessment data

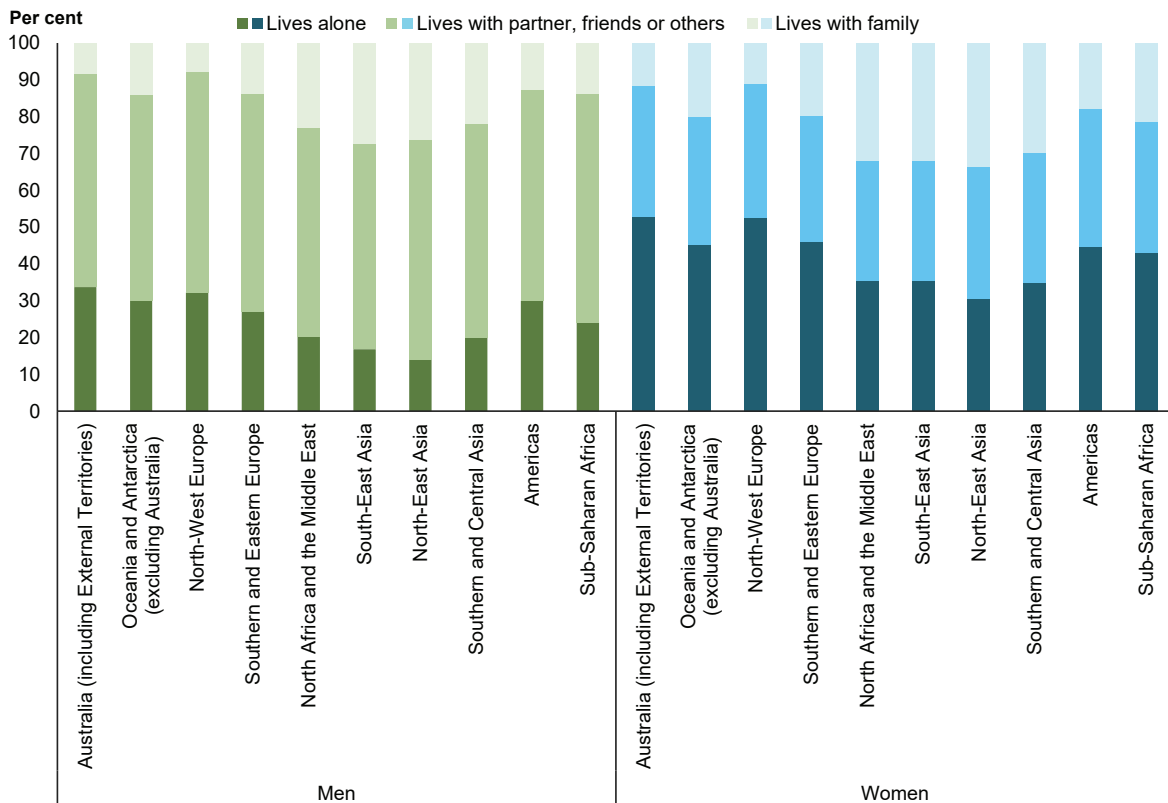
Data on assessments is drawn from the first aged care eligibility assessment a person had using the National Screening and Assessment Form (NSAF). NSAF data was available for 951,000 of the 1.1 million people using aged care services during 2019–20. For more information on the NSAF, see [My Aged Care – National Screening and Assessment Form fact sheet](#).

Around 2 in 5 men (ranging from 44–49%) lived with a partner, making it the most common living arrangement for men, regardless of region of birth. Living alone was the most common living arrangement for women (ranging from 27–40% across regions of birth), except for women born in North-East Asia, where living with family (26%) or a partner were the most common (26%). Even though it was not the most common living arrangement for women, across all regions of birth, women were more likely to live with family than men were.

Regardless of sex, aged care users born in:

- North-East Asia were the least likely to live alone (19%), and those born in Australia (35%) and North-West Europe (35%) were the most likely,
- North Africa and the Middle East, South-East Asia, North-East Asia and Southern and Central Asia were most likely to live with family (range 21–24%),
- Australia (8%) and North-West Europe (8%) were the least likely to be living with family (Table S2).

Figure 3. Living arrangements of 2019–20 aged care users at their first NSAF assessment, by SACC region of birth and sex



Source: AIHW analysis of PIAC 2020 (Table S2)

Notes: Excludes aged care users who had incomplete information to include in detailed analysis (13,600).

All assessment figures only include 951,000 people with available NSAF assessment data.

'Unknown', 'not applicable' and 'not specified' values not included in figure.

One in two aged care users born in North-East Asia require translation services

Close to 1 in 8 (12%, 39,200) aged care users born overseas required a translating and interpreting service at their assessment. This differed by region of birth and was most likely reported for aged care users born in North-East Asia, with nearly 1 in 2 requiring a translating and interpreting service (47% men, 46% women).

Some sex differences existed. The largest differences were seen in aged care users born in North Africa and the Middle East (23% men, 27% women) and Southern and Eastern Europe (17% men, 21% women), where women were more likely than men to require translating and interpreting services (Table S3).

Both a person's main spoken language and their proficiency in English is critical to understand aged care users' needs, and address language barriers that people may face when accessing aged care services in Australia. Some aged care providers may specifically cater certain aged care services to the needs of people from particular diverse backgrounds, for example, by providing services in languages other than English.



Information about preferred language is currently captured at the point of assessment for aged care. Collecting data also about English language proficiency, both at assessment and other points in the aged care service pathway, would strengthen the information available to ensure aged care services are culturally appropriate in meeting people's needs.

Aged care users born in North-East Asia start care at older ages

The first type of aged care used followed similar patterns for aged care users born in Australia and overseas; most people used home support first (92%, 629,000 and 91%, 327,000, respectively). This was the most common first type of aged care across all birth regions.

People born in North-East Asia had slightly different patterns of aged care use compared to other regions of birth, with the lowest proportion who started with home support (84%, 14,400) and the highest proportion starting with home care packages (6.5%, 1,100) (Table S4). Aged care users from this region of birth also used respite residential aged care as their first type of care (4.1%, 716) almost twice as much as users from other regions of birth (range 1.6–2.7%).

The median age people access aged care for the first time (excluding aged care assessments) was similar for aged care users born in Australia and overseas, at 75 years (Table S5). Delving deeper into regions of birth showed interesting differences. People born in North Africa and the Middle East had their first aged care event younger (a median age of 72 years). By contrast, aged care users born in North-East Asia typically first received care at an older age (a median of 76 years). Accessing aged care services for the first time at an older age, may explain the slightly higher levels of care received by people born in North-East Asia at their first aged care event, mentioned above. Home care packages and respite care typically provide higher levels of support than home support.

Family culture may play a role in when and what type of aged care services are accessed. For example, people may not access formal aged care where informal, family-centred care is available. In coming years, analysis will be able to explore this, with data on informal carers standardised and mandated for data capture through the [Aged Care National Minimum Data Set V1](#).

Aged care users born in North-East Asia are most likely to use group social support services

Around 4 in 5 people (82%, 886,000) using aged care services in 2019–20 had, at some point, used Commonwealth Home Support Programme (CHSP) services (Table S6). The proportion of use was consistent among men (81%, 311,000) and women (82%, 575,000), and across most regions of birth. People born in North-East Asia were the lowest users of these services (73%) compared with all other regions of birth. Informal supports and care may play a role here. People born in North-East Asia were the least likely to live alone at the time of aged care assessment and may be receiving informal care from those they live with.

Commonwealth Home Support Programme

This section includes information from the Commonwealth Home Support Programme (CHSP), and not earlier home support programs. The CHSP commenced in 2015.

CHSP provides many different types of care, including individual support and group-based support. Examples of care include:

- domestic assistance such as house cleaning and linen services,
- home maintenance such as garden maintenance and home repairs,
- individual social support such as accompanied activities and telephone/web contact,
- transport services such as a driver or vouchers/subsidies.

For more information see [Commonwealth Home Support Programme — Program Manual 2023–24](#).

Across most regions of birth, around 2 in 5 people who had accessed CHSP used domestic assistance and 3 in 10 used allied health and therapy services. These were the top 2 most used services for aged care users born in all regions except North-East Asia (Figure 4). Aged care users born in North-East Asia were most likely to use group social support (31%), with domestic assistance the 4th most used service for this group. Generally, the 3rd to 5th most used services across all regions of birth were split between home maintenance, individual social support, group social support, and transport services.

Consistent sex differences in the types of CHSP accessed existed across all regions of birth (Table S6):

- Women were more likely than men to use domestic assistance, group social support, individual social support and transport services.
- Men were more likely than women to use allied health and nursing services.

Figure 4. Top 5 CHSP services by proportion of CHSP aged care users by region of birth

Region of birth	Service Rank				
	1st	2nd	3rd	4th	5th
Australia (including External Territories)	44%	30%	25%	21%	20%
Oceania and Antarctica (excluding Australia)	42%	30%	23%	22%	21%
North-West Europe	45%	31%	27%	22%	22%
Southern and Eastern Europe	40%	37%	24%	22%	18%
North Africa and the Middle East	38%	35%	19%	19%	19%
South-East Asia	32%	30%	25%	25%	22%
North-East Asia	31%	30%	27%	24%	21%
Southern and Central Asia	44%	35%	26%	21%	21%
Americas	37%	33%	23%	23%	19%
Sub-Saharan Africa	43%	33%	23%	20%	20%

Source: AIHW analysis of PIAC 2020 (Table S6)

Notes: Proportion is for those who used a CHSP service in each region of birth e.g., 44% of Australian CHSP users used domestic assistance.

Proportions add up to more than 100% as users can use many CHSP services.

Excludes aged care users who had incomplete information to include in detailed analysis (13,600) and people reporting their sex as 'other' due to cell suppression.

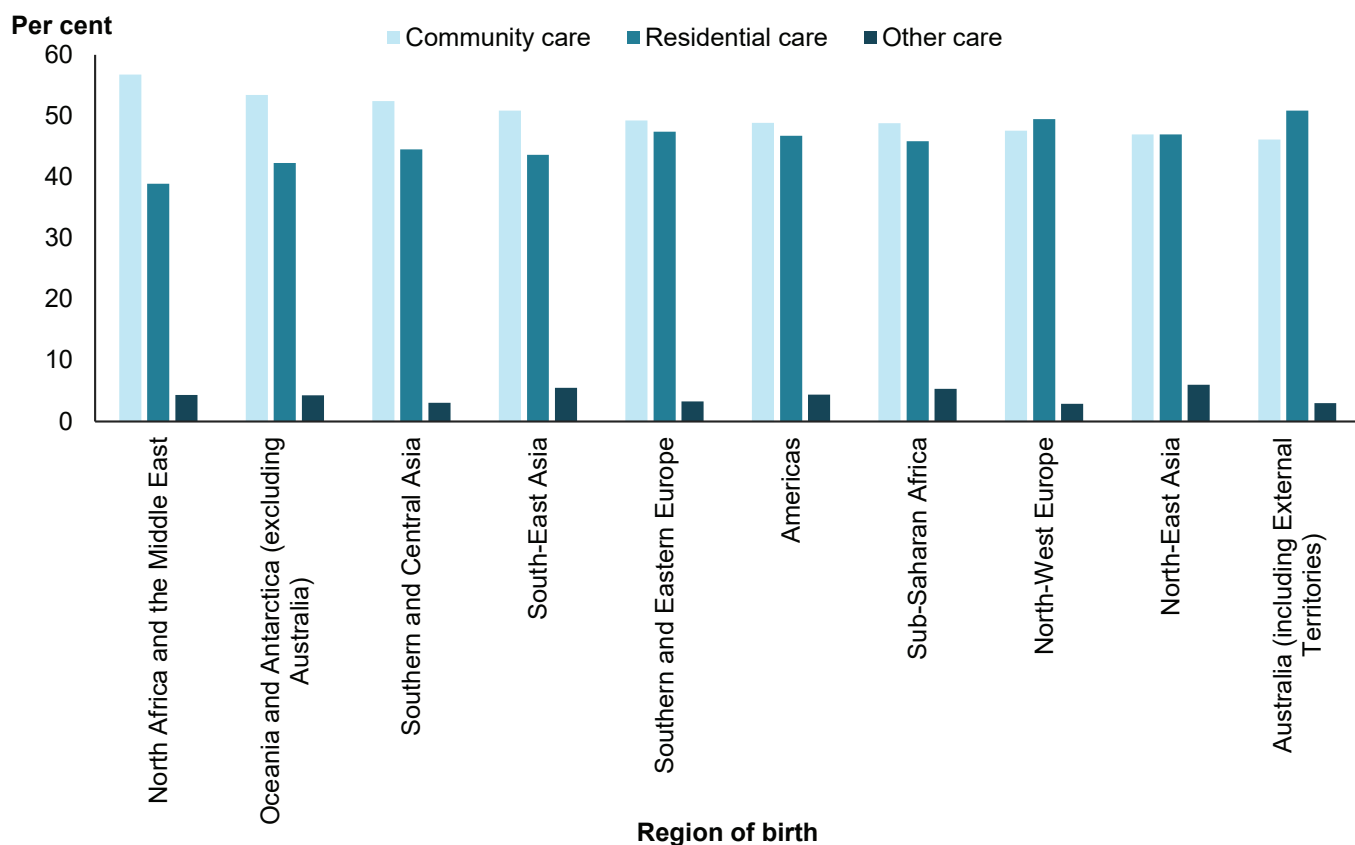
Women are more likely to have residential aged care as their last aged care service across all regions of birth

Around 1 in 7 (14%, 148,000) people using aged care services during 2019–20 died in the same year. The last type of service before death was investigated to provide further insight into how people move through aged care services as they age and reach the end of life, and if this differed by region of birth.

The last type of service prior to death was a close to even split between community-based aged care services (home support, home care package; 47%, 69,700) and residential aged care services (respite and permanent residential aged care; 50%, 73,500), with a small proportion using other services, for example, transition care (Table S7).

Use of residential aged care services as the last service prior to death was most common among aged care users born in Australia (51%; 50,500) and North-West Europe (49%, 10,200). Aged care users born in North Africa and the Middle East were least likely to be using residential aged care services (39%, 801), and most likely to be using community-based aged care services (57%, 1,200), prior to death (Figure 5). Across all regions of birth, women were more likely than men to have their last aged care service in a residential care setting.

Figure 5. Type of aged care used prior to death, by SACC region of birth



Source: AIHW analysis of PIAC 2020 (Table S7)

Notes: Proportion is for 148,000 people who used aged care services and died during 2019–20.

Community care includes home support and home care services.

Residential care includes respite and permanent residential aged care services.

Other care includes assessment only, transition care and short-term restorative care.

Permanent residential aged care use reflects age and immigration regional trends

Of the 1.1 million 2019–20 aged care users, 1 in 6 (17%, 180,700) had used respite residential aged care (respite care) and 1 in 5 (22%, 241,000) had used permanent residential aged care (permanent care) at some point (Table S8). Most (75%, 135,100) people had used respite care prior to permanent care, with people from all regions of birth having a median number of 1 respite care stay prior to permanent care.

Permanent care is usually accessed after community-based aged care options are no longer sufficient to meet care needs. Patterns for permanent care by region of birth generally followed age and immigration trends, in which the highest proportion of permanent care users were from the regions of birth with the oldest cohorts (Australia 23%, 163,800; North-West Europe 23% 33,100; and Southern and Eastern Europe 21%, 24,800). This is in contrast with only 14% (2,800) of permanent care users born in North Africa and the Middle East using permanent care. In all regions of birth, close to 3 in 5 permanent care users were women (range 59–66%). Based on immigration demographics, it is likely that more people born in Asian regions will be entering permanent care, and aged care more generally, in the coming decades.

Aged care users born in Australia and European regions have accessed aged care services the longest

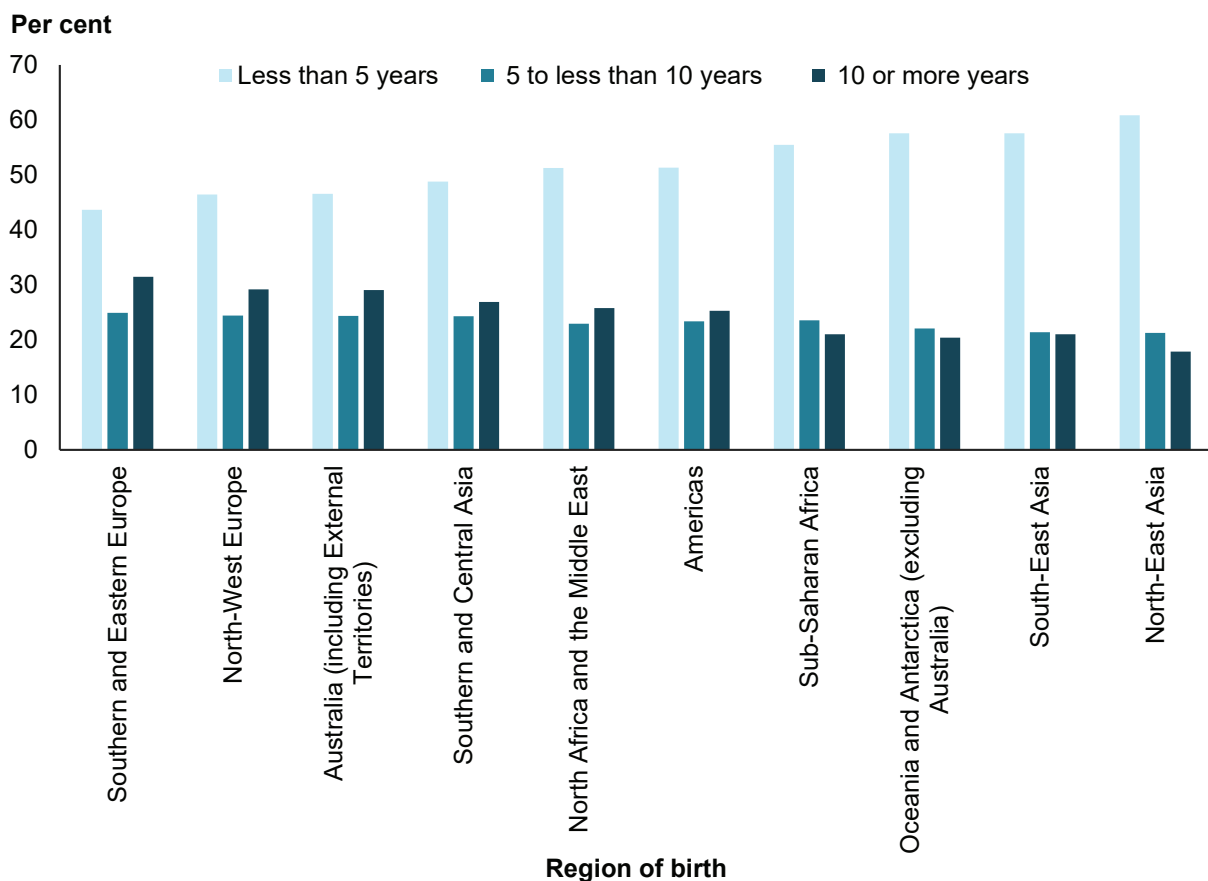
Almost 1 in 3 aged care users born in Southern and Eastern Europe (31%, 36,600), North-West Europe (29%, 41,700) and Australia (29%, 205,700) had used the aged care system for a decade or longer by 2019, higher than any other region of birth (Table S9). These are also the regions of birth with more people in the oldest age groups at the start of 2019–20 (see section ‘One third of Australian aged care users are born overseas’).

This contrasts with 3 in 5 aged care users from North-East Asia (61%), South-East Asia (58%) and Oceania and Antarctica (excluding Australia; 58%) having used aged care for less than 5 years (Figure 6).

Focusing only on people who used aged care during 2019–20 prior to death in the same year (148,000), most aged care users (80%, 118,000) used aged care services for at least 15 years prior to death (Table S11), with little variation between regions of birth (range 73%–81%). Aged care users born in Oceania and Antarctica (excluding Australia) and South-East Asia had used aged care for the least amount of time, with around 3 in 4 (73%, 1,700 and 75%, 1,500 respectively), in aged care for at least 15 years prior to death. In all regions of birth, women used aged care longer than men.

These findings are consistent with the general age trends of people from different regions of birth and the immigration trends into Australia mentioned earlier. Rather than relying on general migration trends, capturing data on year of arrival into Australia would allow a better understanding of people born overseas. This is not currently captured for aged care users.

Figure 6. Duration of time using any aged care service until the start of 2019–20, by region of birth



Source: AIHW analysis of PIAC 2020 (Table S9)

Note: Excludes aged care users who had incomplete information to include in detailed analysis (13,600).

Differences in length of time using aged care services are also reflected in the pathways people use. Pathways refer to a person's movements in aged care services over time and describe the order of aged care services used by an individual. Aged care pathways differ slightly for aged care users born in Australia and overseas, and reflect the patterns discussed earlier around use of different aged care services (Figure 7). Differences seen include:

- Permanent care wasn't included in the top 5 pathways for aged care users born overseas, including regions of birth with older age groups. By contrast, the fifth most common pathway for aged care users born in Australia included permanent care.
- Aged care users born in North-East Asia were more likely to have home care packages included in their pathway, and more likely to have only had an eligibility assessment with no further aged care services.

Figure 7. Top 5 aged care pathways for Australian and overseas-born 2019-20 aged care users

	1st	2nd	3rd	4th	5th
Australian-born	Home Support only 53%	Home Support > Home Care package > Home Support 4.2%	Home Support > Death 3.4%	Assessment only 3.3%	Home Support > Permanent Care 2.5%
Overseas-born excluding North-East Asia	Home Support only 52%	Home Support > Home Care package > Home Support 5.3%	Assessment only 3.6%	Home Support > Death 3.3%	Home Support > Home Care package 2.9%
North-East Asia-born	Home Support only 44%	Home Support > Home Care package > Home Support 8.5%	Assessment only 6.9%	Home Support > Home Care package 6.3%	Home Support > Death 1.9%

Source: AIHW analysis of PIAC 2020 (Table S10)

Note: Excludes aged care users who had incomplete information to include in detailed analysis (13,600).

How can further data development in aged care enhance our understanding of people with diverse backgrounds?

The Australian aged care system aims to cater to our diverse population. As the needs of this diverse group grow and change, policy, funding and services have adapted to meet their needs. These changes have seen a growing reliance on data linkage to understand aged care users in more comprehensive ways.

The Royal Commission into Aged Care Quality and Safety outlined several recommendations focused on better supporting people from diverse backgrounds. In developing the National Aged Care Data Strategy (see [GEN – Data Improvements](#) webpage), the AIHW and the Department of Health and Aged Care have outlined actions in the implementation plan that will enable aged care data and reporting to appropriately reflect the diversity of the population.

This report has focused on only one aspect of diversity – cultural diversity, based on country of birth. Currently, aged care data only include information relating to people’s country of birth, First Nations status and preferred language. However, the Australian Bureau of Statistics’ Standards for Statistics on Cultural and Language Diversity propose that the minimum requirements comprise a person’s country of birth, main language other than English spoken at home, proficiency in spoken English, and First Nations status (ABS 2022b). Data items in addition to the minimum requirements play an important role in capturing a person’s cultural background and have been suggested throughout this report.

In developing data standards for the Aged Care National Minimum Data Set (NMDS), the AIHW has considered this discrepancy and the next version of the Aged Care NMDS, planned for release in June 2024, will seek to expand on the data collected on cultural and linguistic diversity. This version aims to expand data collected on diversity more broadly, including improving how data on people’s cultural backgrounds are captured within aged care. As a priority, AIHW are also considering how to improve data collected on other diverse population groups.

Importantly, there is intersectionality between diverse population groups, and it is person-level data that captures multiple aspects of diversity that is critical. The Aged Care NMDS will provide the framework to collect more consistent information on people’s diverse cultures, backgrounds and life experiences. In doing so, it will help address how people from different backgrounds interact with aged care in Australia and what factors may help or hinder this.

More information

For more information about data improvements and standardising aged care data, see the AIHW’s dedicated aged care data website [GEN](#).

More information on pathways through aged care can be seen on the [GEN](#) website – Pathways in aged care.

Detailed information on First Nations peoples’ use of aged care services is published in:

- Aged care for First Nations people (AIHW 2023c)
- Aboriginal and Torres Strait Islander Australians using aged care (AIHW 2023d)

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