



Government of **Western Australia**
Department of **Local Government**
Office of **Multicultural Interests**

Ageing in Culturally and Linguistically Diverse Communities

An analysis of trends and major issues
in Western Australia



Australia's demographic landscape is changing rapidly with the ageing of its population. Around one in every five older Western Australians will be from a culturally and linguistically diverse (CaLD) background by 2026.

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Executive summary

Australia's demographic landscape is changing rapidly with the ageing of its population. Around one in every five older Western Australians will be from a culturally and linguistically diverse (CaLD) background by 2026. Given that there are limited studies on the ageing of CaLD communities in WA, this report considers the breadth and depth of issues concerning older people from CaLD backgrounds to inform government policy and service delivery. It is important to recognise the contribution CaLD older people make in preserving moral values, wisdom, culture and language, and as the links with their homelands. The challenge for the government and other stakeholders is to facilitate their contribution and overcome formidable and longstanding barriers to participation.

The study shows that in the 14 selected CaLD communities there are higher proportions of older people than in the total WA population. The study also indicates that the period of migration is an important factor influencing the demographics of CaLD communities.

Within the Perth metropolitan area, the highest concentration of CaLD older people (aged 55 and over) was recorded in the Local Government Area of Stirling (20%). The South West Statistical Division has the highest concentration outside Perth with 3–10% of CaLD older people living there.

Barriers to CaLD communities' access to and use of disability, health (including mental health) and aged care services can be seen as outcomes of demand

and supply issues. Cultural/religious factors, migrants' socio-economic status and contextual factors influence demand, while structural and systemic factors, and access and equity-related barriers impact on supply issues.

Older men and women aged 75 and over are more disadvantaged compared with other age groups (aged 55–64 and 65–74) in regards to personal income, paid employment, living arrangements, access to a private car and the internet, and the need for assistance with core activities. At 85 and over English language proficiency rates are lower and 25–50% do not own a house. Women are generally more disadvantaged than men on all counts irrespective of age and country of birth. Older people born in China, Croatia, Greece, Italy, Poland, Ukraine and Vietnam are more disadvantaged on almost all counts compared with those born in Austria, Burma, Egypt, Hungary, India, Malaysia and the Netherlands.

The report highlights the need for an up-to-date multicultural aged care strategy and policy. This should include culturally appropriate services to address the demand and supply driven barriers impeding CaLD older people's access to aged care and other services. Priority and adequate support may be given to the groups identified above in planning programs and delivering services.

Background

Western Australia's demographic landscape is changing rapidly with the ageing of its population. It is projected that by 2026 around one in every five Western Australians aged 65 and over will be from a culturally and linguistically diverse (CaLD) background (Gibson et al., 2001). Recent studies have highlighted the significance of this trend and the challenges that it poses to a culturally diverse society (Khoo 2011; Productivity Commission 2011; Radermacher et al. 2008; Bartlett et al. 2006; Access Economics 2006; Thomas 2003). There are very few studies that investigate the interplay of issues specifically for Western Australia (WA). Data used in the existing studies are from the 2001 Census and the topics covered are limited (Department for Community Development 2006; Office of the Public Advocate 2006; Orb 2002; Health Department of Western Australia 1999).

There is, therefore, a need for reliable and current information on the size and geographical distribution of older people from CaLD backgrounds along with an analysis of the complex issues affecting their physical and psycho-social wellbeing to inform government policy and service delivery.

Of all states and territories, WA continues to have the highest proportion of its population born overseas (27%). According to the 2006 Census, the CaLD population aged 65 and over was more than double the Western Australian cohort—29% compared with 12%. Communities that are ageing rapidly include those born in Ukraine, Italy, Greece, Hungary, the Netherlands, Croatia, Poland and Austria. The Western Australian Ukraine-born community has a small population

of 629 persons but with almost two-thirds of its population aged 65 and over (64.5%), it has the largest concentration of older people. Next in descending order were the cohorts from Italy (52.1%), Greece (48.2%), Hungary (37.8%), the Netherlands (35.7%), Croatia, Poland and Austria (around 32% each).

Apart from older people of European origin, migrant populations from some African and Asian countries also have large numbers of seniors. These include the Egypt-born (28%), Burma-born (22.5%) and India-born cohorts (21.8%). Although the proportion of older people from Malaysia, China and Vietnam is smaller compared to other birthplace groups, in terms of absolute numbers, the Malaysia-born cohort constitutes the fourth largest group (1825) after Italy-born (10,907), the Netherlands-born (3640) and India-born (3299) cohorts. With 910 and 757 older people, respectively, the China-born and the Vietnam-born would be placed after the Burma-born cohorts (1253). It is important that the Government of Western Australia considers policy, program and service options that are responsive to the needs of ageing CaLD communities and individuals.

OBJECTIVES

The objectives of this study are to identify:

- conceptual issues and prepare a profile of large and rapidly ageing CaLD communities in WA
- key issues related to ageing for men and women from CaLD backgrounds
- barriers they encounter to accessing health and aged care services and programs.

The report is organised into four sections. Section one provides an introduction that includes background, objectives, methodology and a discussion on the conceptual issues relevant to CaLD ageing research.



Section two provides an overview of ageing in Western Australian CaLD communities, including the patterns of ageing, religious and cultural backgrounds, and migration and settlement patterns. Issues related to CaLD ageing are analysed in section three along with the barriers to accessing health and aged care services. This section provides a broad overview of the Australian aged care system and presents major findings on issues related to CaLD ageing drawn from a literature review and statistical analysis of the Australian Bureau of Statistics (ABS) 2006 Census data. The concluding section provides an analysis of the discussion on major issues related to CaLD community ageing along with policy implications.

METHODOLOGY

The study is based on two data sources, the 2006 Australian Census and other relevant literature. The Census allows examination of productive ageing and the wellbeing of the aged population through a range of data collected for the first time. These include participation in volunteer work, involvement in unpaid child care and the need for assistance with core daily activities. Khoo's report to the National Seniors Productive Ageing Centre (2011) and data from the Census are used to examine the social and economic wellbeing of older people from CaLD backgrounds. Indicators used in the study for measuring the social and economic wellbeing of CaLD older people are:


- the levels of independent living and social support including marital status, living arrangements, absence of core activity restrictions, English proficiency, level of education, income and home ownership
- social connectivity including access to the internet, car ownership and mode of transportation to work
- the pursuit of active ageing including workforce participation, volunteer work and child care.

The study focuses on 14 birthplace groups, 11 of which have the largest proportion of people aged 55 and over in the WA CaLD community. The other three groups are large in absolute number. The ageing experiences of older people from CaLD backgrounds are examined separately for men and women to identify gender differences.

The data analysis also differentiates older people into four broad age groups reflecting the different stages of ageing: 55–64, 65–74, 75–84 and 85 and over (as discussed under conceptual issues). The ageing experiences of CaLD older men and women within each of the sample country-of-birth groups are compared. Due to time and budget constraints the report focused on 14 birthplace groups drawing comparisons with older people for the total WA population.

The 2006 Census data used in the study was obtained from ABS online through the TableBuilder program. The study uses country of birth as an indicator of ethnic origin. One major limitation of using country-of-birth data as an indicator of ethnic origin is that it excludes people from CaLD backgrounds who are born in Australia. However, the other two indicators—ancestry and language spoken at home—also have their limitations.

Ancestry data can be subject to double counting as Australian-born people included in the data also report their ancestry as a part of a multiple response. It can also mask heterogeneity among people from different ancestry. Khoo (2011) argues that people of Chinese ancestry (or their migrant parents) who come from many different countries and have very different migration histories and social and economic characteristics can be lost if ancestry is used as a single indicator of



ethnicity. Using language as an indicator of ethnicity can exclude some people or underestimate numbers as many people from CaLD backgrounds speak English at home. It was therefore decided that country of birth should be used as an indicator of ethnicity and reference made to language group or ancestry where relevant.

Data produced by the Australian Institute of Health and Welfare (AIHW) on aged care packages and the Australian Government Department of Health and Ageing (DoHA) Home and Community Care (HACC) program were used to examine trends in the use of aged care services by older people from CaLD backgrounds. The Productivity Commission's Inquiry Report (2011), *Caring for Older Australians* and a number of its submissions including those made by the Federation of Ethnic Community Councils of Australia (FECCA), Ethnic Communities' Council of Victoria, Multicultural Mental Health Australia (MMHA), Ethnic Disability Advocacy Centre (EDAC) WA, and Council on the Ageing (COTA) WA were also examined, as were the websites of the Centre of Cultural Diversity, AIHW and the National Ageing Research Institute, and the websites of many public service agencies and universities. Google Scholar and Google served as the major search engines for conducting an extensive desktop literature review using some of the following key words and phrases, either exclusively or in combination:

- CaLD ageing issues and WA
- mental health and CaLD ageing
- disability and CaLD ageing
- active ageing and CaLD
- aged care services use and CaLD ageing.

In most cases, the search was specified for WA and preference was given to the most recent literature, although relevant research from the last 20 years was not excluded from the study.

CONCEPTUAL ISSUES

There is no agreed definition for 'older person' and no consensus on the age ranges involved. Statistically, 65 years and over is often considered a benchmark as people aged 65 and over are no longer actively involved in the workforce. This is consistent with the conceptual framework that focuses on dependency and the costs of meeting dependency of the ageing population (Robson 2001; Access Economics 2010, 2011). However, considering 65 years and over as the basis for defining the ageing population does not capture the experience of many women, who either are not in the labour force for various reasons or for whom the commencement age for retirement and the aged pension has been 60. For example, nearly two-thirds of the women aged 60 from the 14 birthplaces identified earlier in the report (p 6), were not in the labour force.

With active ageing (WHO 2002) emerging as a guiding strategy for the Australian health and aged care sector, encouraging the active involvement of older people in all areas of family, community and national life, the traditional definition of 'working age' has been challenged. Some authors argue that many people aged 65 and over do not consider themselves as 'old' or 'elderly' (Davis 1994), while others consider 70 years (Warner 1996), 75 years (Ramsay et al. 1991; Engedal 1996) or 85 years as the defining ages for 'elderly' (Heeren, Van Hemert & Rooymans 1992).



A common distinction made between different groups of older people is to divide them into three cohorts: 65 to 74 years old ('young-old'), 75–84 years old (middle-old) and 85 and over (old-old). This approach is consistent with both active ageing and the concept of 'the Third Age' that refers to a new stage of life of personal fulfilment after retirement, before the onset of 'true dependency and decrepitude' (Laslett 1989; Rowland 2003; Khoo 2011). However, the concept of the Third Age as a significant life cycle stage is only applicable to developed countries such as Australia where: at least 10% of the population is aged 65 and over; there is an average life expectancy beyond retirement age for the majority of the population; there is sufficient national wealth to support a comfortable living standard for older citizens; and a supportive attitude and resources to facilitate participation of the aged in society (Laslett 1989, p 78–91).

Given that the definition of 'older person' is contentious and varies according to situation and context, this report classifies older people into four categories: ages 55–64 (onset of ageing experience), 65–74 (young-old), 75–84 (mature-old) and 85 and above (old-old) to capture the dynamics of the ageing experience at different stages of the lifecycle. The Productivity Commission (2011) acknowledged that the growing diversity among older Australians in terms of their care needs, backgrounds, incomes and wealth, along with the growing numbers, would influence future demand for aged care services.

According to AIHW (2007, p 2):

The health, family circumstances, physical abilities, economic circumstances and service needs of an average 65 year old are likely to be different from those of a 90 year old. In addition, there is a considerable

diversity of backgrounds and a variety of lifestyles, living arrangements, family circumstances and cultural, social and religious practices. Finally the health status, activity and interaction with social and government systems that contribute to the health and welfare of Australians vary widely.

Ageing in Western Australian CaLD communities

The pattern of ageing in WA's CaLD communities can be described as a mosaic, comprising different age groups with varying sex-ratios (number of men per 100 women), speaking different languages, belonging to diverse religious and cultural groups, having migrated from diverse countries and spread across a number of Local Government Areas (LGAs).

Table 2.1 shows that nearly half (46%) of the people born in the 14 countries selected for this study were aged 55 and over and more than a quarter (27%) were aged 65 and over, compared with nearly a quarter (23%) and little over a tenth (12%) of age cohorts for the total WA population. The proportion of CaLD older people would increase to 60% and 36% respectively, if the China, Malaysia and Vietnam-born were excluded. These groups are large in size but have smaller cohorts of older people.

The Italy-born were the largest birthplace group. More than three-quarters (78.4% or 16,411 people) were aged 55 and over and 52.1% were aged 65 and over. The other European birthplace groups also have a high proportion of older people. This can be attributed to a decline in immigration from these countries after 1970 (Figure 2.1). Some migrants from European countries such as Poland, Croatia and Hungary where there was substantial migration after 1970 (ranging between 19

and 40%) generally have a relatively lower proportion of seniors (aged 55 and over) than other European cohorts.

Asia-born communities have a much lower proportion (38.6 and 40.6%, respectively, for Burma and India) of people aged 55 and over. Given that China-born, Malaysia-born and Vietnam-born people arrived in large numbers after the 1970s, older people from these countries have the lowest representation compared with those from the other sample CaLD countries. With more than 90% of migration occurring during this period from Vietnam, and no record of an aged cohort arriving before 1950, Vietnam-born older people have the lowest representation (15.7%). By contrast, most of the CaLD seniors who migrated from Europe arrived between 1950 and 1969, with the exception of Ukraine from where a relatively larger proportion migrated earlier (between 1930 and 1949). As a result, migrants from Ukraine were more than twice as likely to be aged 75–84 as other CaLD cohorts.

Table 2.1 Distribution of men and women aged 55 and over from the total WA population and 14 selected CaLD communities by country of birth

Country of Birth	55-64		65-74		75-84		85 and over		55 and over		All ages (No.)	
	M	F	M	F	M	F	M	F	M	F	M	F
Austria	36.8	30.2	15.6	12.9	11.6	16.0	2.3	4.9	66.4	64.0	766	673
Burma	16.2	15.8	12.2	13.2	5.8	8.3	1.6	3.6	35.8	41.0	2597	2957
China	6.9	6.5	5.1	5.5	4.6	3.9	1.4	2.1	17.9	18.2	3647	4355
Croatia	24.3	18.7	22.3	16.8	8.4	11.5	1.5	3.7	56.4	50.8	2646	2513
Egypt	25.1	23.8	15.6	12.8	9.5	13.2	0.8	4.0	51.0	53.8	745	749
Greece	24.4	20.0	24.8	26.9	15.1	18.4	2.6	5.0	70.6	70.3	1508	1526
Hungary	17.8	20.4	25.2	16.6	15.8	10.3	2.6	4.4	61.5	51.7	606	543
India	19.5	18.2	10.8	12.4	6.8	8.7	1.5	3.2	38.7	42.5	7494	7662
Italy	27.0	25.4	27.3	26.0	19.5	21.7	3.7	6.1	77.5	79.2	10959	9984
Malaysia	15.1	14.0	7.1	5.8	2.1	2.6	0.5	0.6	24.7	22.9	8937	10765
Netherlands	34.2	31.7	19.6	16.9	13.2	13.7	2.9	5.1	69.9	67.5	5156	5026
Poland	18.3	13.0	8.5	11.5	15.6	17.9	5.1	4.2	47.4	46.6	2634	3097
Ukraine	5.1	4.8	19.7	9.0	37.9	41.2	11.5	11.2	74.3	66.2	253	376
Vietnam	8.9	8.1	4.0	4.7	2.1	2.1	0.7	0.7	15.6	15.7	5049	5445
All 14 countries	20.3	17.8	14.7	13.3	9.7	10.5	2.1	3.3	46.9	45.0	52997	55671
Total WA population	11.2	10.8	6.4	6.6	3.6	4.6	0.9	1.9	22.2	23.9	990642	995607

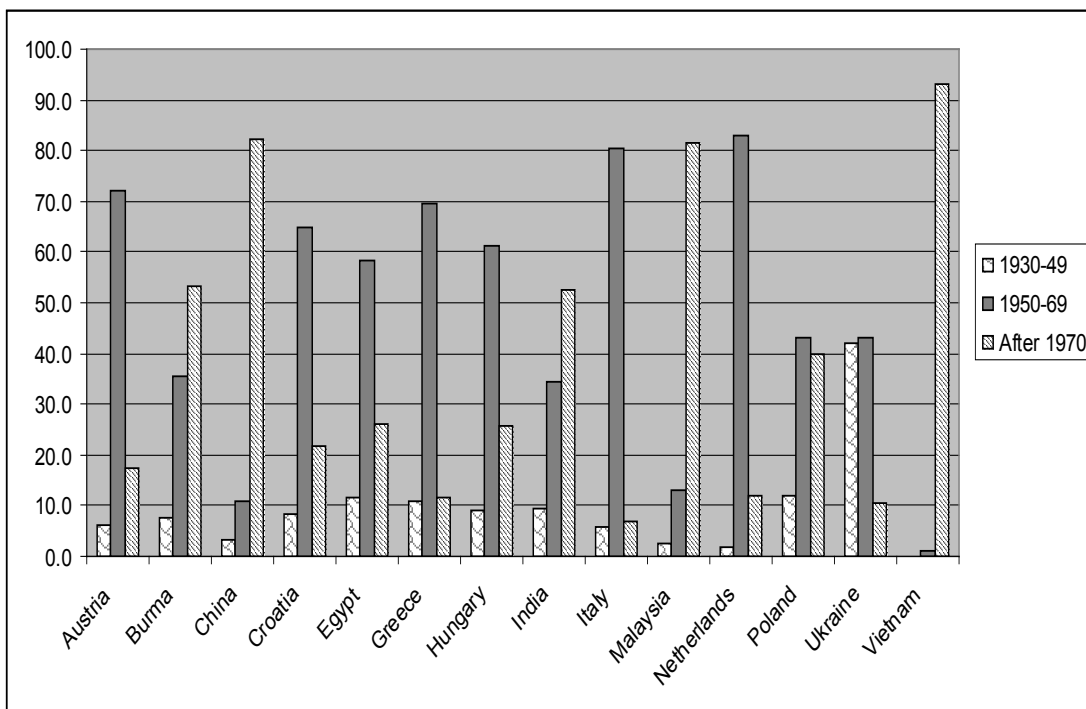
Source: Compiled and computed from ABS 2006 Census of Population and Housing

Table 2.1 also shows that with an increase in age women generally outnumbered men and the gender gap was most significant for the 85 and over age group.

Most CaLD seniors identified Christianity as their religion (Appendix 3). Those from Italy, Greece and Croatia formed the largest groups of Christians (varying between 93 and 97%). Around two-thirds of those from the Netherlands identified as Christian and a quarter also reported having no religion. A similar proportion (around 60%) from Vietnam reported affiliation with Buddhism. Small percentages of older migrants from Egypt (8.9 and 6% for men and women respectively) nominated Islam as their religion. For those from Malaysia, India and Burma, there



Figure 2.1 Percentage of people aged 55 and over by year of arrival and birthplace



Source: Compiled and computed from ABS 2006 Census of Population and Housing

were smaller groups who identified themselves as Muslims (2.8 and 2.4%, 1.5 and 0.6% and 1.7 and 1.4%, respectively) and Hindus (3.8 and 3.4%, 6.1 and 3.6% and 0.3 and 0.2%, respectively).

The majority (around 88%) of older people from CaLD backgrounds lived within the Perth metropolitan area, with the largest groups being those from Vietnam (97.1%), China (96.6%), Malaysia (95.9%) and Burma (95.7%) (Table 2.2). The figure for people aged 55 and over from the total WA population living in the Perth metropolitan area is 71.3%. Other CaLD communities also have relatively higher representation including the Netherlands-born (73.9%), Austria-born (76.8%), Ukraine-born (82.9%), Hungary-born (83.2%) and Poland-born (84.5%).

Between 7% and 11% of older people from these communities and Italy live in the South West Statistical Division (SD), and this is comparable with seniors for the total WA population (11.8%). With representation from other communities ranging between 2% (Burma and Malaysia) and 3% (Egypt, Greece and India), the South West SD is the area with the highest proportion of CaLD seniors outside the Perth metropolitan area. The other notable areas are the Midlands and Central SD.

Within the Perth metropolitan area, the highest concentration (20%) of older people from CaLD backgrounds is recorded in the LGA of Stirling (Figure 2.2). Similarly, it is the top ranking LGA in terms of the settlement of older people from the total WA population (13.9%), followed by Joondalup (9.2%). LGAs that

recorded between 5 and 8% of CaLD senior settlement were Bayswater (7.6%), Cockburn (6.8%), Joondalup (6.1%), Swan (6%), Gosnells (5.6%), Wanneroo (5.5%), Melville (5%) and Canning (5%).

Seniors from the total WA population have similar levels of representation to their CaLD counterparts in the LGAs of Gosnells (5.5%), Canning (5.1%) and Wanneroo (5.9%), but slightly higher representation in Melville (7.6%). No clear settlement pattern can be found by birthplace group with a few exceptions. Fremantle recorded the largest representation of Italy-born seniors compared with other communities, while Armadale and Mosman Park recorded relatively greater representation of the Netherlands and Polish-born communities.

Table 2.2 Percentage distribution of 55 and over population from 14 selected CaLD communities by their settlement pattern in Perth and regional WA and birthplace

Birthplace	Perth	South West	Lower Great Southern	Upper Great Southern	Midlands	South Eastern	Central	Pilbara	Kimberley
Austria	76.8	9.1	1.9	0.6	4.3	1.1	3.0	2.1	0.7
Burma	95.8	1.8	0.6	0.0	0.3	0.1	0.6	0.3	0.3
China	96.6	1.5	0.2	0.0	0.2	0.4	0.2	0.4	0.5
Croatia	92.0	2.5	0.2	0.1	0.8	1.4	1.8	0.9	0.2
Egypt	92.7	3.1	0.4	0.0	0.4	0.9	0.9	0.4	0.9
Greece	94.6	2.9	0.1	0.1	0.2	0.1	0.8	0.4	0.6
Hungary	83.2	5.5	2.3	0.9	3.8	1.5	1.4	0.0	1.4
India	92.0	3.3	0.6	0.2	1.0	0.7	1.0	0.6	0.5
Italy	88.8	6.6	1.1	0.2	0.7	0.4	1.4	0.3	0.3
Malaysia	96.0	1.8	0.4	0.2	0.3	0.3	0.4	0.6	0.1
Netherlands	73.9	10.4	4.0	0.8	2.7	1.1	3.5	1.2	2.2
Poland	84.5	6.6	2.7	1.1	2.5	0.9	1.0	0.4	0.4
Ukraine	83.0	8.0	2.5	1.4	2.0	1.8	0.0	0.7	0.7
Vietnam	97.1	0.9	0.0	0.0	0.0	0.0	1.8	0.2	0.0

Source: Compiled and computed from ABS 2006 Census of Population and Housing

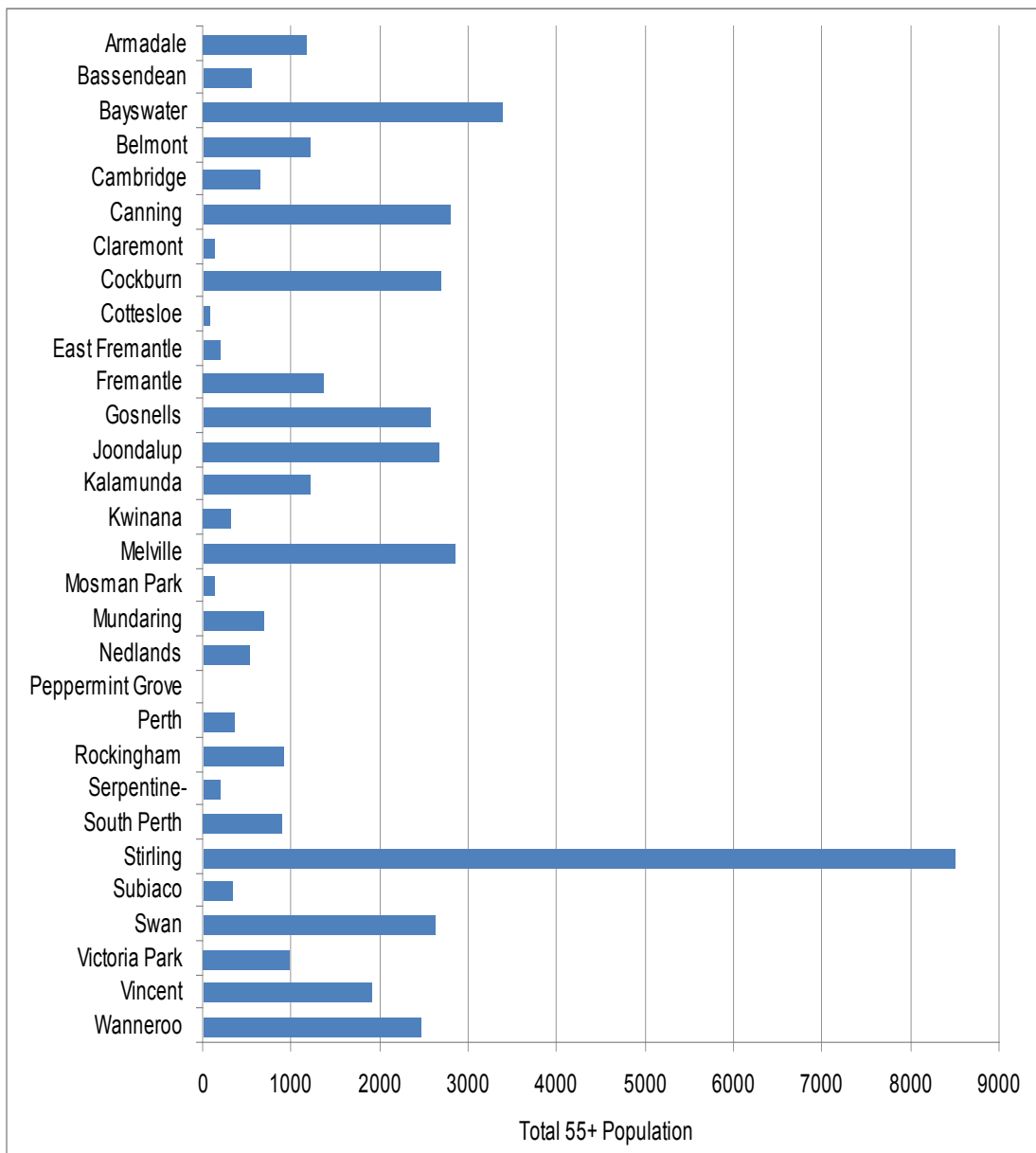
In 2001, the AIHW conducted a landmark study on the projected growth in older populations from CaLD backgrounds at the request of the Aged and Community Care Division of the Department of Health and Aged Care (Gibson et al. 2001). The projections were undertaken by the ABS covering the period

from 1996 to 2026. The projections were calculated at the national and state and territory level for 50 countries of birth, 34 languages and 30 religions. Gibson et al. (2001) defined older people from CaLD backgrounds as being aged 65 and over, and born overseas in countries where English is not the main language spoken.

It was predicted that between 1996 and 2011, older people from CaLD backgrounds would increase by 53% and represent 20% of the WA total population. This figure was slightly lower than the projected national average for Australia (22.5%). With an increase of 33%, Italy would remain the most common country of birth for older people. Migrants from the Netherlands, India, Germany and Malaysia were next in descending order for 2011 (Table 2.3). Migrants from Greece, South Africa, the former Yugoslavia and Burma were predicted to increase significantly in terms of absolute numbers although their representation as a percentage of the WA age cohorts would remain relatively unchanged.



Figure 2.2 Distribution of 55 and over population from CaLD backgrounds by their settlement pattern within the Perth metropolitan area



Source: Compiled and computed from 2006 Census of Population and Housing

Gibson et al. (2001) did not include 2006 data which has been added to Table 2.3 in order to generate greater understanding of their predictions against the actual data. Birthplace groups can be divided into three categories of no or negative growth, steady growth and high growth between 1996 and 2011. Italy, the Netherlands and Burma fall into the steady growth group having a growth rate between 15 and 46%. Malaysia tops the list among the high growth group as the number of older people increases by 91 and 183%, respectively, between 1996 and 2006, and 2006 and 2011. The rate of increase for older people from India and Germany is 59 and 81% between 1996 and 2011 and hence, they can be placed in the high growth category. The only birthplace group that has declined and is predicted to decline further is Poland. It should be noted that the former Yugoslavia has not been included in the 2006 data, due to technical difficulties following the dissolution of the former Yugoslavia after the Balkan wars and the emergence of several new independent states. Similarly, South Africa is excluded as it is classified under main English-speaking countries by the ABS.

Table 2.3 Distribution of older people aged 65 and over for 1996–2026 by country of birth (as a percentage of WA age cohorts)

Birthplace	1996			2006			2011			2026		
	No.	Rank	%	No.	Rank	%	No.	Rank	%	No.	Rank	%
Italy	9190	1	5.0	10907	1	4.6	12225	1	4.6	10214	1	2.3
Netherlands	3167	2	1.7	3640	2	1.5	4620	2	1.7	4661	4	1.1
India	2801	3	1.5	3299	3	1.4	4448	3	1.7	5556	3	1.3
Poland	2438	4	1.3	1806	5	0.7	1705	8	0.6	2432	7	0.5
Germany	1875	5	1	2379	4	1	3390	4	1.3	4343	5	1.0
Yugoslavia	1152	6	0.6				1676	9	0.6	0		
Greece	1143	6	0.6	1463	6	0.6	1856	6	0.7	0		
Burma	1069	6	0.6	1253	7	0.5	1413	10	0.5	2271	8	0.5
South Africa	1007	7	0.5				1837	7	0.7	3968	6	0.9
Malaysia	955	7	0.5	1825	5	0.7	2703	5	1.0	6202	2	1.4

Source: Compiled and computed from Gibson et al. (2001, p 46) and ABS 2006 Census of Population and Housing

Based on the growth rate that ranged between 17 and 28% during 1996–2006, for CaLD older people, all countries with the exception of Malaysia and Poland, would be placed in the steady growth category. Older people from Malaysia recorded a high growth at 91%, while those from Poland recorded a negative –26% growth rate. Therefore, the growth trend between 1996 and 2006 clearly supports the projections made in the Gibson et al. report.

This suggests that the number of Italian seniors will decline slightly from 12,225 to 10,214 between 2011 and 2026 although they will remain the largest group. With the number of Malaysian seniors more than doubled from 2703 to 6202, they are likely to become the second largest group. After Italy and Malaysia will be India, the Netherlands and Germany demonstrating a shift in the composition of older people from CaLD backgrounds in WA.



Key issues for older migrants from CaLD backgrounds

All older people need support and care in maintaining their physical and psycho-social wellbeing. However, the needs of CaLD communities may differ from those of others requiring different methods of service delivery. The literature review reveals a number of areas of concern.

Cultural differences, language and communication, the context of migration, length of time in Australia, geographical location, gender and other socio-economic characteristics are all determining factors in the challenges faced by older people from CaLD backgrounds, their families, service providers and policy makers (Blackmore 1999; Williams et al. 1999; Hugo 2000; Torres 2001; Roney et al. 2002; CARM 2003; Warnes et al. 2004; Bartlett et al. 2006). Bartlett et al. (2006, pp 32–33) classified the issues and needs of older people from CaLD backgrounds into four categories—economic issues, social aspects, health requirements and aged care services. Orb (2002, p 11), on the other hand, clustered major concerns of ageing migrants into three categories—issues affecting physical health, issues affecting mental and psychological wellbeing and issues related to socio-economic welfare.

These categories are neither complete nor exclusive because of the complexities involved and the inter-relationship between issues. For example, economic situations can affect social interactions and accessibility to health and aged care services, while poor health can influence economic independence, social wellbeing and aged care. Health is a dynamic concept and while some of the existing studies treat physical health and


mental health as separate categories, (Orb 2002) others use an integrated approach (Bartlett, Rao & Warburton 2006). With the growing prominence of disability-related studies including submissions made to the Productivity Commission (EDAC 2011, 2008, 2003), it becomes difficult to draw the line between physical and mental health due mainly to the psychosocial implications derived from disability. Given its significance, health and wellbeing has been identified as a key area of concern for this study, and includes physical health, mental health and disability. Drawing upon the existing literature, four other areas of concern for older migrants from CaLD backgrounds have been identified:

- access to, and satisfaction with, health and aged care services
- independence, social support and income support
- mobility and connectivity
- active ageing.

HEALTH AND WELLBEING

A review of physical health-related studies revealed a dearth of WA-specific literature and a changing focus from migrants' health in the 1990s, to disability and active ageing in recent studies. Studies conducted in the 1980s and 1990s focused on the transition of migrants from low-risk to high-risk behaviours common to Australians with long-term residence (McMickael 1985; McCallum 1990; Donovan, d'Espaignet, Merton & van Ommeren 1992).

Donovan et al. (1992) found that people from Poland and Oceania had a higher mortality rate from heart disease than the general population. On the other hand, several groups of people including those born



in Greece, Italy, Lebanon, Central and South America, Vietnam and Yugoslavia had a low mortality rate due to heart disease. These authors found a positive correlation between the lowest level of mortality and lowest socio-economic status in Australia, which they offered as explanation for low mortality rates of migrant groups from Greece, Lebanon and Vietnam. Notwithstanding lower mortality rates of some migrant communities such as the Greece-born, Lebanon-born and Vietnam-born (Kouris-Blazos et al. 1996; Orb 2002), Chan et al. (2003) noted multiple admissions and utilisation of hospital beds by older people from CaLD backgrounds in their last year of life. However, there has been little research on migrant health in recent years indicating a major data gap in the area.

The presence of sizeable numbers of older people from CaLD backgrounds poses challenges to various health service providers. Health professionals require an understanding of culturally competent service, patient satisfaction factors, clinical outcomes and health status of members from different communities in order to provide appropriate and equitable services and outcomes (Wynaden et al. 2005). However, the ability to do this is undermined by the lack of disaggregated data for CaLD communities in WA relating to health and wellbeing including chronic health conditions, lifestyle risk factors, protective factors and socio-demographics. This is despite having the Health and Wellbeing Surveillance System (HWSS) in place since March 2002. The system was developed to monitor the health and wellbeing of Western Australians and, as of December 2010, approximately 55,000 adults have been interviewed (Davis & Joyce 2011). Anecdotal evidence suggests that country of birth data are collected although these are not analysed in the regular departmental publications, indicating a data gap.

Health studies in the 2000s focused on disability and indicated that the incidence of disability for people born overseas in non-main English speaking countries (NMESC) was high at around 20% for WA in 2003 (ABS 2003). However, people with disabilities from CaLD backgrounds accessing disability services barely increased from 2 to 3% between 2001–2002 and 2007–08 showing persistent under-representation. This critical gap in service uptake translated to around three-quarters of people from CaLD backgrounds not receiving Commonwealth funded disability services (NEDA 2009). EDAC's submission to the Productivity Commission (2008, p 4) identified the following barriers or contributing factors to the poor representation in service usage:

- lack of access to culturally appropriate services
- lack of knowledge and information about the services
- lack of services and information in consumers' language
- under-valuation of contributions made by carers
- under-reporting of disability incidents.

A close relationship between migration and mental illness has been reported in many studies (Minas 1990; Thomas 1991; Bernardi 1993). Research shows that one in five Western Australians aged 16–85 (21%) have experienced one or more of the common mental disorders in the past 12 months. It also predicts that nearly half of all Western Australians (45%) will experience one or more common mental disorders at some point in their lifetime (Slade et al. 2009).

A study conducted by the Department of Health (DoH) shows that in WA suicide and mental disorders are the



leading causes of the Disability Adjusted Life Years (DALYs) in men and the second leading cause in women (Nowrojee et al. 2005). DALY is measured as the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. In other words, it can be defined as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. Global Burden of Disease analysis by the World Health Organization (WHO) provides a comprehensive and comparable assessment of mortality and loss of health due to diseases, injuries and risk factors for all regions of the world: (http://www.who.int/healthinfo/global_burden_disease/en/index.html).

Apart from health and wellbeing concerns, mental illness and mental health also have a major impact on the State economy. The overall impact of mental illness on the Australian economy is estimated at \$21.7 billion a year, which equates to over \$2 billion per annum for the WA economy (Mental Health Council of WA 2007). WA Health expenditure on specialised mental health services was estimated at \$183 per capita for 2008–09 (DoH 2010). In 2010 Mental Health Commission was established in WA and it had dedicated a budget of more than half a billion dollars to deliver mental health services and mental health reform agenda in WA (WA Mental Health Commission 2012).

Increasing incidence of dementia and Alzheimer's disease among older people from CaLD backgrounds continues to be a matter of serious concern due to direct and indirect socio-economic impacts. According to Access Economics (2006) in 2006, 11.5% people with dementia did not speak English at home. People from CaLD backgrounds suffered more severe dementia and

were found to obtain diagnosis at a later stage of the disease with a resulting increase in rates of psychiatric disorders (LoGiudice et al. 2001; Hassett & George 2002). Cultural beliefs including stigma and shame, and a lack of collaboration between health professionals and the community were identified as the major factors limiting people from Asian backgrounds seeking help and accessing mainstream mental health services in WA (Wynaden et al. 2005).

There has been a lack of quantitative studies on the knowledge of dementia among CaLD groups in Australia (Cheng et al. 2009, p 6). Qualitative studies suggest that some migrants from CaLD backgrounds regard dementia as part of the normal ageing process, and have misconceptions that differ between cultures about the disease and its causes. On average, knowledge of dementia is higher in the general Australian population than CaLD communities (Cheng et al. 2009). Barriers to accessing services, including low English language proficiency, cultural and religious beliefs, changes in family structure and relationship and lack of awareness of services, are compounded by stigma associated with dementia. This study found no available research examining appropriateness and effectiveness of dementia-specific services and support programs for people from CaLD backgrounds. There is also a lack of research on how to effectively improve awareness and education, and deliver caregiver support programs to CaLD carers of people with dementia.

ACCESS TO AND SATISFACTION WITH USE OF HEALTH AND AGED CARE SERVICES

A large part of the Australian aged care system is administered by the *Aged Care Act 1997*. Under the Act:

- The Australian Government subsidises residential aged care, one of the main types of formal care delivery for frail or disabled older people who can no longer remain in their homes. The residential aged care program is provided on a permanent or respite basis. Residential respite care is either planned or emergency-based and is provided with either low or high care to older people who need temporary care and intend to return to their own home. It gives a break to carers from their caring duties and supports older people in transition stages of health. Depending on a person's assessed needs, permanent care is offered at two levels: low-care and high-care (DoHA 2009). Low-care recipients require accommodation and personal care whereas high-care recipients require 24-hour nursing.
- Community Aged Care Packages (CACPs) are designed to provide for the varied care needs of frail or disabled older people in a person's home. CACPs are complemented by Extended Aged Care At Home (EACH) and Extended Aged Care At Home Dementia (EACHD) packages that aim to deliver care at home equivalent to high-level residential care. An Aged Care Assessment Team (ACAT) approval is needed for accessing these programs. The approval determines the level and type of care required by an individual.
- The Transition Care Program (TCP) is a relatively new program funded jointly by the Australian Government and the State/Territory Governments to provide older people with low-intensity therapy (such as physiotherapy), care management, nursing support

and personal care after a hospital stay. The duration can be up to 12 weeks (with a possible extension of another six weeks) either in a home-like residential setting or in a person's home. TCP provides the opportunity for care recipients, their families and carers to consider long-term care arrangements.

- Multi-Purpose Services (MPS) are jointly funded by the Australian Government and State/Territory governments to deliver a mix of aged care, and health and community services in rural and remote communities delivered at central locations or in the community (DoHA 2010).

The National Respite for Carers Program (NRCP) and the Home and Community Care (HACC) program, which are funded by the Australian Government and State/Territory governments, operate outside the *Aged Care Act 1997*. The Australian Government provides 60% of funding and maintains a strategic policy role while day-to-day management rests with the WA Government which provides the remaining funding (AIHW 2011). The HACC program is a major provider of community care services including a variety of non-home and centre-based respite programs and support services to frail older people, and younger people with disabilities and their carers. The program aims to promote and enhance the independence of its clients.

The *Aged Care Act 1997* recognises the special needs of older people from CaLD backgrounds. As a result, the Australian Government Department of Health and Ageing (DoHA) administers two specific programs to assist the delivery of culturally appropriate care—the Partners in Culturally Appropriate Care (PICAC) and Community Partners Program (CPP) (DoHA 2009).

The PICAC Program was developed to improve the capacity of aged care services to respond to the



differing needs of older people from CaLD communities. PICAC coordinators work to improve the partnership between aged care providers, CALD communities and DoHA to ensure that aged care service providers are informed on best practice in the delivery of culturally appropriate care. The PICAC develops policies and programs in order to identify and address the special needs of people from CaLD backgrounds in residential aged care services (DoHA 2002).

The CPP was developed to improve the capacity of aged care services to respond to the differing needs of older people from CaLD communities. The CPP aims to promote and facilitate increased access by CaLD communities with significant aged care needs to aged care service providers and support services (DoHA 2009). DoHA funds the CPP under which grants are provided to community-based organisations that support older people from CaLD backgrounds to access aged care information and services (see Appendix I for WA CPP programs for 2009–10).

It is common to find that families from non-English speaking backgrounds under-utilise in-patient and community health services (Schofield et al. 1998; McDonald & Steel 1997; Sozomenou et al. 2000; Karmel et al. 2003). Most often it is women who bear the responsibility for caring although it is increasingly being recognised that carers are a heterogeneous group with different family and personal circumstances, caring situations, feelings about their responsibility for care, and sources and forms of support.


Table 3.1 Usage of aged care services by broad birthplace groups 2009–2010

Use of aged care services by clients' birthplace in WA	Permanent and respite residents %	CACP %	EACH %	EACHD %	HACC %
Australia	60.0	54.5	50.0	49.6	56.8
Other main English speaking countries	20.5	20.3	20.2	19.9	16.0
Europe	12.1	15.9	17.1	23.3	13.8
Asia	4.2	6.9	9.4	4.2	5.0
Africa/ Middle East	1.8	1.9	3.0	3.0	1.7
South America/ Caribbean	0.1	0.2	0.3	0	0
All non-English speaking countries*	18.2	24.9	29.8	30.5	20.5
Not stated	0.4	0.3	0	0	6.7
Total persons	100	100	100	100	100
Male	29.0	31.5	38.1	35.9	33.8
Female	71.0	68.5	61.9	64.1	66.2
Total numbers	13,632	3616	604	262	66,811
Median age: Male		82	80	80	
Median age: Female		84	82	83	

*Note: *This category is created by combining Europe, Asia, Africa/ Middle East and South America/Caribbean in the absence of any disaggregated data on CaLD clients although parts of these regions do not necessarily represent non-English speaking groups*

Source: Compiled and computed from AIHW 2011a, pp 21, 24, 30; AIHW 2011b, pp 82, 88–90; DoHA 2010, p 9

Data from recent AIHW surveys and DoHA published HACC Minimum Data Set Annual Bulletin presented in Table 3.1, confirms that Australian-born older people are the largest clients of the formal, permanent and residential respite and HACC services. Among overseas-born older people those from main English speaking countries (MESC) and Europe show a greater propensity to use all types of aged care services than migrants from Asia, Africa and South America. Over time, however, an interesting



change can be observed regarding the use of HACC and CACP services. Using 2001–02 survey data Karmel et al. (2003) found that the use of HACC and CACP by CaLD older people was higher than those from MESC countries. Within a span of 10 years (from 2001–02 to 2009–10), this trend was not limited to HACC and CACP but extended to all types of community and home care services (EACH and EACHD).

The HACC Program in WA provides services for the largest number of older people (66,811 in 2009–10), compared with the four other programs. With 13,632 permanent and respite residents, the WA Residential Aged Care Program can be ranked second, followed by the CACP with 3616 clients. Nearly one in five clients of the HACC (13,326) and Residential Aged Care Programs (2505) are older people from CaLD backgrounds. With 604 and 262 clients respectively, the EACH and EACHD Programs operate on a smaller scale. In relative terms, however, the use of CACP, EACH and EACHD services by CaLD older people has been higher (24.9%, 29.8% and 30.5%, respectively) than both the HACC and Residential Aged Care Programs.

Greater use of the community and home care-based services by CaLD older people tends to suggest that they are more likely to make use of the community assisted care programs than residential aged care facilities, which is consistent with the existing literature (Bartlett, Rao & Warburton 2006, p 48). According to the FECCA submission to the Productivity Commission (2008), this is an outcome of the firm regulatory standards in place at the CACP that emphasise ensuring the client base represents the community.

Although none of the aged care programs provide disaggregated data on CaLD users by age and sex, general profiles drawn from the client data by States and Territories show that women are more likely to use all types of services than men. This is not surprising given

that for the 75 years and over age group, the sex-ratio (the number of men per 100 women) was estimated at 81.3 for the 14 birthplace groups, clearly showing larger number of women than men. The proportion of women varies between 62 and 71% compared with 29 and 38% of men in each of the aged care programs. Female clients of the CACP, EACH and EACHD programs are older than male cohorts as reflected from their median ages presented in Table 3.1.

The majority of women (81%) in permanent and residential respite care are aged 80 and over, compared with 63% of men. However, when compared with the estimated resident population (ERP) for WA aged 80 and over, female and male clients of the residential respite care program represent 18 and 9%, respectively.

Considering the growing older population from CaLD backgrounds, the number of users of aged care services is lower compared to Australian-born cohorts. This suggests that there are barriers to accessing these services and may be that CaLD older people are used to getting more informal than formal types of services. From the literature, the study has identified that issues of both demand and supply impact on the use of mainstream services by older people from CaLD backgrounds. In terms of demand, it is argued that older people from CaLD backgrounds do not use mainstream aged care services as their needs may differ from Anglo-Celtic communities (Rowland 1999; Hugo 2000).

Therefore, culturally appropriate services are considered the preferred mode for CaLD older people (Petrov 1997). Other factors including limited English language proficiency and access to information, lack of knowledge about aged care services, intergenerational issues and communication (Vainshtein 2000) also add to the barriers. Studies also highlight that shame, stigma and religious and cultural beliefs often deter people



from using services. Research suggests that CaLD older people may experience neglect, isolation, anger and withdrawal as a result of inappropriate care (Australian Polish Community Services/Reichstein Foundation 2008).

In terms of supply, low use of aged care services by CaLD older people has been related to pricing and affordability. Hogan (2004), for example, raised the question of equity and recommended that the special needs of various groups of older Australians must be taken into consideration in planning arrangements. He also underscored the importance of coordination between the different tiers of government in the delivery of aged care services. The Productivity Commission Inquiry Report (2011, p xxv) raised concerns

about major weaknesses in the aged care system and reinforced the need for fundamental and wide-ranging reforms based on its inquiry and as suggested by the Hogan Report (2004), the National Health and Hospital Reform Commission Report (2009), the Henry Review (2010) and submissions from inquiry participants.

Table 3.2 classifies barriers to access and use of disability, health (including mental health) and aged care services by CaLD communities in terms of demand and supply. Demand factors are divided into cultural/religious factors and socio-economic factors. Supply factors include structural and systemic factors and access and equity barriers.

Table 3.2 Barriers identified in the literature to CaLD seniors accessing disability, health and aged care services

Demand	
Cultural/ Religious	Socio-economic
<ul style="list-style-type: none"> Mental health and ill health are not always taken seriously or may even be considered as sins (Littlewood 1991; Parsons 1990). Stigma associated with disability and mental illness (Minas 1991; EDAC 2008). Stigma associated with disability and mental illness can lead to social isolation of carers and relatives (Rooney et al. 1998; EDAC 2008). Cross-generational factors underlying differing expectations of care and support (WA Office of Public Advocate 2006). Self-conscious shyness among CaLD seniors in some communities prevents them from accessing services (FECCA 2011). Religious beliefs around perception of disease as 'fate' and 'punishment for sin' (CIRCA 2008). Dementia perceived as a normal part of ageing in many CaLD communities resulting in lower use of respite and residential care (AIHW 2010). 	<ul style="list-style-type: none"> Low income and lack of supportive environment (Chin 2000). Preoccupation with settlement concerns, especially among newly arrived and first generation migrants (Jayasuriya, Sang & Fielding 1992; EDAC 2008). Social isolation is a major problem, particularly for those who have migrated later in life to join adult children and who do not speak English well (MMHA 2004; Warburton & Lui 2007). Existing community support, marital status, rural or urban backgrounds and English competency influence access to mental health services (Thomas 2007). CaLD seniors living in rural and regional Australia often face the double jeopardy of accessing aged care services that are distantly located from family and familiar environs and are culturally inappropriate (Rebeiro 2010). Communication problems observed in the case of bilingual older migrants, particularly people suffering from dementia, who can lose their ability to speak the second language and revert back to their first language (Hugo 2000; Runci et al. 2005).



Table 3.2 (cont.) Barriers identified in the literature to CaLD seniors accessing disability, health and aged care services

Supply	
Structural/ Systemic	Access and equity
<ul style="list-style-type: none"> • Delay in care assessments for frail and elderly people by ACAT and limits on the number of bed licenses and care packages can result in long waiting period and limited choice of care providers (Productivity Commission, 2011). These can also reduce care providers incentives for innovation to respond to diverse needs of consumers (Productivity Commission 2011). • Variable care and quality across the aged care system (Productivity Commission 2011). • Older Australians and their carers in general, and older people from CaLD backgrounds in particular find the aged care system complex and difficult to navigate (Productivity Commission 2011). • Racism, paternalistic attitudes and cultural stereotyping by aged care service providers (Barnett and Associates 1997; Chin 2000; Orb 2002). • Insufficient information about services and lack of links between service providers in general and CaLD groups (Rooney et al. 1998; Gallager & Truglio-Londrigan 1994; Kruger, Tennant, Smith & Peachey 2007). • Lack of service providers' knowledge of CaLD communities and lack of bi-lingual staff (Rooney et al. 1998; Gallager & Truglio-Londrigan 1994; Kruger, Tennant, Smith & Peachey 2007). • Culturally inappropriate services (Kokanovic et al. 2001; Pilgram & Rogers 1993). • Lack of coordination between primary health, aged care, mental health and multicultural health services (Hogan 2004). 	<ul style="list-style-type: none"> • Lack of consistency in user co-contributions across aged care services. This results in inequity between older people with the same needs and the same financial capacity and an inefficient allocation of resources within and between the different forms of community and residential care (Productivity Commission 2011). • The current aged care arrangements are inadequate to ensure equity of access for people with special needs (Hogan 2004). • Small representation of people from CaLD backgrounds on HACC service management committees may not be conducive to addressing diverse needs of potential clients (Cameron 1995, p 28). • Difficulties in obtaining finance to build high care residential facilities. • Insufficient and inadequate funding for specialised care—palliative and end-of-life care, and translator and interpreter services (Productivity Commission 2011; FECCA 2008). • Current ethno-specific services are often under-resourced and rely heavily on volunteers (FECCA 2011). • Lack of an aged care strategy and policy for older people from CaLD backgrounds. The last such initiative was the Ethnic Older Persons Strategy, which was produced by the Commonwealth Department of Human services and Health in 1995 (FECCA 2008). • Unlike HACC, which has dedicated language services funding, there is no targeted funding for language services in residential aged care. As a result language services are often neglected (FECCA 2008).



INDEPENDENCE, SOCIAL SUPPORT AND SAFETY NETS

Khoo (2011) uses five measures of social and economic wellbeing that are correlated with independent living for CaLD older people. These include English language proficiency, level of education, personal income, home ownership and need for assistance. However, CaLD older people, like older people in general, need more than just financial independence. They also require social support and safety net provisions as fallback arrangements to address social isolation and other vulnerabilities. Therefore, along with the five indicators identified by Khoo (2011) for measuring independence, marital status, family pattern and living arrangements are used as proxy indicators of social support. It is noted that Khoo (2011) also used living arrangements of CaLD older people as indication of their independence and access to family support. In the absence of data on superannuation for CaLD older people in WA and relevant data on sources of income it is not possible to examine safety net arrangements.

ENGLISH LANGUAGE PROFICIENCY AND LEVEL OF EDUCATION

Khoo (2011) hypothesised that the ability to speak English is essential for migrants to engage with Australian society beyond their ethnic community and to access available services. Education has been

regarded as an important personal resource that, potentially, can contribute to quality of life in old age through its effect on health, lifetime earnings and active participation in social and community groups and activities (Khoo & Temple 2008; Khoo 2011). Table 3.3 shows the percentage of older people from CaLD backgrounds who speak English only, or can speak it well or very well. English language proficiency declines with increasing age and generally women are less likely than men to speak English well.

Table 3.3 Percentage of men and women aged 55 and over by birthplace who speak English only and well or very well

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	98.6	99.0	99.1	99.5	98.9	93.5	66.7	78.8	97.8	97.0
Burma	95.0	94.0	95.0	93.6	98.0	64.0	98.0	86.1	95.7	92.3
China	57.1	51.6	44.0	26.9	26.8	18.6	11.8	18.3	42.1	33.0
Croatia	86.9	80.5	78.9	67.1	75.2	59.7	76.9	54.3	81.8	69.5
Egypt	94.1	95.5	93.1	85.4	98.6	90.9	50.0	56.7	93.9	89.1
Greece	91.3	83.3	83.7	69.0	75.9	45.2	56.4	42.1	83.6	65.0
Hungary	93.5	91.0	93.5	92.2	93.8	76.8	75.0	87.5	92.8	88.3
India	99.2	99.1	98.2	97.2	98.0	97.1	95.6	92.7	98.6	97.7
Italy	49.0	54.4	26.7	35.5	23.5	29.8	26.7	37.5	33.7	40.2
Malaysia	89.8	89.0	84.8	78.7	86.8	75.2	92.6	75.4	88.3	84.5
Netherlands	99.3	99.1	98.8	98.8	98.1	95.9	89.9	84.5	98.6	97.3
Poland	85.7	83.4	87.0	79.2	85.6	74.9	69.4	58.0	84.1	76.8
Ukraine	84.6	61.1	99.5	73.5	92.7	81.3	79.3	57.1	92.6	74.7
Vietnam	45.8	33.2	27.9	7.7	9.6	14.7	20.6	0.0	35.3	21.4

Source: Compiled and computed from ABS 2006 Census of Population and Housing

The difference in the rate of language proficiency for seniors from the total WA population is much smaller (around 90 to 84% for the 55–64 and 85 years and over age-groups respectively). By contrast, differences in the rate of language proficiency by country of birth are evident.

In the 85 and over age group, men and women from India have the highest rate of English proficiency (95.6 and 92.7%, respectively) followed by the Netherlands (89.9 and 84.5%, respectively), Burma (98 and 86%, respectively), Malaysia (92.6 and 75.4%, respectively), Hungary (75 and 87.5%, respectively) and Austria (66.7 and 78.9%, respectively). For the same age cohort the lowest English language proficiency is found among men and women from Vietnam (20.6% and none at all, respectively) and China (11.7 and 18.3%, respectively). Those from Croatia (76.9 and 54.3%, respectively), Greece (56.4 and 42.1%, respectively) and Egypt (50 and 56.7%, respectively) can be placed in the middle in terms of English language proficiency. These trends are broadly consistent with other studies of CaLD communities in Australia (Khoo 2011).

Table 3.4 Percentage of men and women aged 55 and over by birthplace with post-school qualifications

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	68.9	35.9	65.8	27.6	57.3	22.2	66.7	30.3	66.0	30.4
Burma	40.7	31.1	45.4	20.0	34.7	7.8	30.9	8.3	40.9	21.4
China	50.0	28.0	38.8	26.1	17.2	12.7	8.2	5.4	35.2	21.4
Croatia	41.4	18.0	29.9	7.1	27.0	4.1	23.1	3.2	34.2	10.2
Egypt	63.1	33.1	60.3	26.0	33.8	9.1	0.0	10.0	55.8	23.8
Greece	36.1	13.4	23.3	4.4	9.6	3.9	7.7	0.0	24.2	6.5
Hungary	63.9	46.8	55.5	16.7	50.0	19.6	37.5	0.0	55.7	27.7
India	56.7	36.3	50.0	25.4	36.7	18.7	32.5	10.5	50.3	27.5
Italy	41.8	12.5	19.0	3.3	11.6	2.4	7.6	0.7	24.5	5.8
Malaysia	60.1	46.3	57.5	33.7	43.6	20.7	24.3	14.1	57.4	39.3
Netherlands	58.6	32.4	52.9	18.9	48.0	12.1	42.9	10.5	54.4	23.2
Poland	64.9	51.8	46.6	21.4	27.8	8.3	24.6	4.6	45.2	23.4
Ukraine	66.4	44.4	46.0	26.5	10.4	3.9	10.3	4.3	26.1	11.6
Vietnam	24.3	10.8	13.2	3.5	5.8	2.6	9.1	0.0	18.4	7.0

Source: Compiled and computed from ABS 2006 Census of Population and Housing

Table 3.4 summarises data on the percentage of older people from CaLD backgrounds with post-school qualifications as a measure of educational attainment.

Like English language proficiency, the older age groups display a lower level of education. Older women are more likely to have a lower level of educational qualification than men, irrespective of age. These broad patterns are comparable with seniors for the total WA population. The rate of attainment of post-school qualification for men and women at the 55–64 age-bracket has been 48 and 30% respectively, which declines to 24 and 9% respectively for those aged 85 years and over. A significantly larger proportion of older people from Austria, Malaysia, Hungary, the Netherlands, India, Egypt and Poland are better educated than other birthplace groups.

The proportion of well-educated Austria-born older men and women has been consistently high (57–69% and 22–36%, respectively) across age groups. This contrasts with all other CaLD older men and women who constitute a significantly lower proportion with post-school qualifications as they age. Older men and women from Vietnam have the lowest rate.



Table 3.5 Percentage of men and women aged 55 and over by birthplace and weekly income

Birthplace	Income	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Austria	\$1-\$249	14.5	35.5	40.0	28.7	44.9	46.3	22.2	42.4	26.1	37.4
	\$250-\$999	46.1	45.3	46.7	55.2	47.2	31.5	38.9	33.3	46.2	42.9
	\$1000 and more	33.7	6.4	2.5	6.9	0.0	2.8	0.0	9.1	19.3	5.8
Burma	\$1-\$249	22.3	33.0	44.5	48.6	50.0	35.2	45.2	38.0	35.3	41.8
	\$250-\$999	51.9	47.5	42.6	38.3	36.0	28.0	38.1	41.7	45.5	42.4
	\$1000 and more	18.7	7.2	6.0	1.5	4.7	0.9	7.1	0.0	11.6	3.5
China	\$1-\$249	26.2	37.2	55.7	58.1	67.7	58.1	49.0	45.7	46.9	49.1
	\$250-\$999	44.1	33.0	29.5	24.1	17.4	24.7	23.5	27.2	31.6	27.8
	\$1000 and more	18.7	5.3	0.0	1.7	2.4	1.7	0.0	0.0	7.8	3.0
Croatia	\$1-\$249	23.7	43.5	50.3	53.8	45.5	53.4	65.7	60.6	38.5	50.4
	\$250-\$999	39.6	41.0	34.6	36.3	39.6	33.4	26.2	22.3	37.3	36.3
	\$1000 and more	26.9	3.8	5.1	2.8	5.4	2.1	7.7	3.2	14.6	3.1
Egypt	\$1-\$249	17.1	38.2	33.6	49.0	39.4	39.4	0.0	43.3	26.1	41.4
	\$250-\$999	47.1	39.9	50.0	33.3	46.5	46.5	66.7	40.0	48.2	40.0
	\$1000 and more	29.4	11.8	14.7	3.1	0.0	3.0	33.0	0.0	21.3	6.7
Greece	\$1-\$249	27.4	37.9	46.9	54.9	48.7	43.8	48.7	50.0	40.6	46.8
	\$250-\$999	44.8	40.8	40.6	31.2	32.0	44.1	35.9	35.5	40.0	37.7
	\$1000 and more	22.6	4.2	7.0	4.6	4.4	3.2	0.0	0.0	11.6	3.8
Hungary	\$1-\$249	17.6	42.3	45.8	43.3	41.7	51.8	68.8	25.0	37.5	43.1
	\$250-\$999	49.1	40.5	41.8	38.9	41.7	37.5	18.8	66.7	42.9	41.6
	\$1000 and more	23.1	9.0	5.9	3.3	6.3	0.0	0.0	0.0	10.7	4.6
India	\$1-\$249	14.2	25.8	34.5	43.1	39.8	40.4	45.6	33.2	25.7	34.3
	\$250-\$999	46.2	49.2	47.5	42.7	45.3	44.1	39.5	38.9	46.2	45.5
	\$1000 and more	32.6	10.8	10.2	1.5	3.1	1.5	0.0	1.2	19.8	5.5
Italy	\$1-\$249	16.0	37.3	47.9	55.4	55.3	47.6	46.5	38.5	38.6	46.2
	\$250-\$999	45.7	38.1	36.4	32.1	32.7	41.1	42.3	47.9	39.0	37.7
	\$1000 and more	31.2	6.7	5.9	2.5	3.1	1.2	0.7	0.5	13.8	3.3
Malaysia	\$1-\$249	14.9	27.6	38.1	46.1	43.7	45.5	55.6	35.3	24.8	34.5
	\$250-\$999	45.9	44.0	38.7	36.6	39.5	38.6	17.8	41.2	42.8	41.8
	\$1000 and more	31.9	14.1	14.4	6.2	10.5	3.3	13.3	4.4	24.7	10.6
Netherlands	\$1-\$249	13.9	31.2	39.3	44.0	38.4	44.5	30.2	34.9	26.3	37.4
	\$250-\$999	45.6	45.1	47.6	45.3	49.3	45.5	45.6	48.8	46.9	45.5
	\$1000 and more	34.6	7.9	7.0	2.3	2.6	0.9	7.4	0.0	19.7	4.5
Poland	\$1-\$249	21.0	32.8	50.2	51.8	48.0	51.5	44.8	48.1	37.6	46.0
	\$250-\$999	43.4	47.1	38.1	37.7	37.8	37.1	33.6	33.6	39.6	39.7
	\$1000 and more	29.3	9.9	7.2	0.8	1.5	1.6	2.2	0.0	13.3	3.6
Ukraine	\$1-\$249	76.9	55.6	28.0	64.7	53.1	54.8	34.5	35.7	45.2	53.0
	\$250-\$999	23.1	16.7	58.0	26.5	33.3	31.6	41.4	59.5	40.4	34.5
	\$1000 and more	0.0	0.0	14.0	0.0	3.1	0.0	0.0	0.0	5.3	0.0
Vietnam	\$1-\$249	38.5	54.8	64.9	68.2	74.5	61.7	51.7	60.0	50.7	60.0
	\$250-\$999	43.9	29.4	19.5	16.3	14.2	25.2	27.6	40.0	33.0	25.4
	\$1000 and more	8.7	1.6	0.0	1.2	2.8	2.6	0.0	0.0	5.3	1.5

Source: Compiled and computed from ABS 2006 Census of Population and Housing

PERSONAL INCOME AND HOME OWNERSHIP

Older people with independent income are considered to have more control over their lives as they are more likely to be able to afford to live on their own and less likely to depend on other family members (Khoo 2011). Economic self-sufficiency for older people is generally indicated by their ownership of fixed and financial assets and the superannuation coverage they enjoy (Bartlett, Rao & Warburton 2006). For analysis of income data, the population is divided into three groups: those with a weekly income of less than \$250, those with a weekly income between \$250 and \$999 and those whose weekly income equals or exceeds \$1000. These three categories roughly represent income categories equivalent to the government age pension, middle and high income groups, respectively. Owning your own home obviously provides greater control and economic and living arrangement security for older people compared with rental accommodation.

Table 3.5 shows that older women in general, irrespective of their country of birth, have lower incomes compared with men. Research also shows that older women from CaLD backgrounds are more dependent on age pensions to support themselves in retirement (Warburton et al. 1995). In general terms with increasing age, the proportion of men and women earning \$1000 or more per week tends to decline while those earning less than \$250 increases.

Older people from the total WA population have similar weekly incomes. Where they differ relates to the persistence of the middle income category with around 44% and little fluctuation across age and gender, which is not the case for most of the CaLD birthplace groups. Secondly, although women are almost twice as likely to earn less than \$250 as men in the 55–64 age-bracket

(13.6 and 26.4%, respectively), the gender gap erodes from 75 years onwards with nearly one-third of men and women (34.4 and 35.9%, respectively) earning the same level of incomes. For older people from CaLD backgrounds, the gender gap persists across all ages although it is also most acute in the 55–64 age bracket.

There are significant variations in the level of income earned by older people from CaLD backgrounds across countries of birth and by age groups and gender. The majority of older men and women from the Netherlands earn mid-level incomes (ranging between \$250 and \$999) and this pattern is consistent across all age groups. However, the majority of men and women aged 65 and over from Vietnam, China and Croatia are the lowest income earners (earning less than \$250), closely followed by those from Greece, Italy and Poland. For all other countries, the distribution varies between the middle and low income brackets. Very few older women earn \$1000 or more. The exception is Malaysia-born women aged 55 and over, 14.1% of whom earn \$1000 or more. The opposite applies to the older women from Ukraine (nil) and Vietnam (1.5%).

Home ownership is common for a large majority of CaLD older people. However, this also varies by gender and age group. Table 3.6 shows that for the 55–64 age brackets, the rate of home ownership is higher for women than men, which is consistent with cohorts for the total WA population (the rate of home ownership has been 74 and 77% for men and women). This pattern reverses for all other age groups except for the older people from Vietnam and China. Similarly, for those aged 85 years and over in the total WA population, the rate of home ownership declines to 53 and 43% for men and women respectively. The changes are more pronounced for older people from Hungary (50



and 29.2% respectively), the Netherlands (51 and 43% respectively), Malaysia (61.9 and 45.6% respectively), and India (50 and 44.9% respectively) as the rate of home ownership declines significantly for men and women aged 85 years and over.

Table 3.6 Percentage of men and women aged 55 and over by birthplace who owned/purchased home

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	78.0	79.3	80.0	75.9	84.3	77.8	61.1	51.5	79.0	76.1
Burma	77.7	81.0	75.7	69.7	62.7	42.1	61.9	54.6	73.9	70.6
China	80.2	83.5	83.2	80.2	75.2	72.4	68.8	74.2	78.9	79.0
Croatia	80.2	87.0	81.7	81.8	82.9	77.9	69.2	64.9	80.9	81.6
Egypt	80.2	80.3	76.7	77.1	73.2	66.7	66.7	50.0	77.6	73.9
Greece	85.3	87.3	84.4	89.0	82.0	83.6	66.7	53.9	83.6	84.6
Hungary	75.9	81.1	66.7	75.6	71.9	66.1	50.0	29.2	70.0	71.9
India	81.6	83.8	80.3	75.1	72.3	62.3	50.0	44.9	78.4	73.9
Italy	87.6	90.3	87.6	89.6	85.5	84.6	74.8	61.3	86.4	86.3
Malaysia	90.5	90.0	87.8	86.2	79.3	76.4	61.9	45.6	88.2	86.3
Netherlands	79.8	81.8	78.9	75.8	73.1	68.0	51.0	43.0	77.1	74.6
Poland	67.4	76.2	77.1	74.1	75.9	67.8	63.4	61.1	71.5	71.1
Ukraine	53.8	61.1	74.0	70.6	74.0	69.7	62.1	73.8	70.7	69.9
Vietnam	78.2	76.7	68.3	69.2	60.0	78.1	76.5	82.9	73.2	74.9

Source: Compiled and computed from ABS 2006 Census of Population and Housing

Also, the gender gap becomes more visible because the proportion of women not owning their home becomes larger than for men. This contrasts with the higher rate of home ownership for women from China (68.8 and 74.2% respectively for men and women). The birthplace groups of Italy, Poland and Egypt show a more gradual decline in the rate of home ownership for older men and women than for the countries described above.

From Tables 3.5 and 3.6, no positive correlation between income and home ownership can be observed. Low income does not

necessarily mean low home ownership for all CaLD seniors. This is consistent with the total WA population. CaLD older men and women from Italy, Greece and Croatia may have lower current income but they have higher rates of home ownership, compared with their cohorts from other birthplace groups (except Malaysia). Older people from Malaysia maintain consistently high patterns of income and home ownership. The opposite holds for those from Vietnam.

The growing rate of the ageing population and the degree of disability with age means that housing targeted specifically to the requirements of older people will be in increasing demand (Davy et al. 2010). Older people with no savings and little or no superannuation to draw on are most vulnerable to any increase in housing and living costs. Australia's property boom and the decline in affordable housing in the private rental market have triggered demand for more affordable housing among older people with low and moderate income. Estimates by Aged and Community Services Australia (ACSA 2008) suggest an increase in the number of people aged 65 and over in low-income rental households from 195,000 in 2001 to 419,000 in 2006.

MARITAL STATUS AND LIVING ARRANGEMENTS

Although married people are more likely to have family support and spousal companionship in contrast to those who are widowed, never married, divorced or separated (Rowland 2003), marital status alone is not sufficient to indicate the strength of family connection. Married people living alone and/or having no children, or having children who live far away, are not likely to be better off than those widowed, divorced or were never married who live with relatives or family members. Therefore, it is important to examine older people's living arrangements as an indication of their independence and access to family support. However, it should be noted that like marital status, living arrangements can also be misleading because a person may live alone but live in proximity to other family members.

Table 3.7 shows that the women aged 75 and over are less likely to be married and more likely to be widowed than men. In the 85 and over age group, the rate of widowhood is high among women, varying between 72 and 100%. Women from Hungary have the highest widowhood rate (100%), followed by Croatia (89.2%), Greece (88.2%), the Netherlands (84.1%), Italy (83.6%) and China (83.3%). The rate of widowhood is 79% for female cohorts from the total WA population.

As a corollary, the proportion of married female cohorts is lowest for Croatia (4.3%) and Greece (7.9%) and does not exceed 21% for other birthplace groups, except Austria and Egypt. The declining trend in the rate of married women with increase in age is comparable with the total WA population in which only 14% of the women aged 85 and over are married. By contrast, the rate of widowhood for older men varies by age group and birthplace and does not exceed 50%. The majority of

men aged 85 and over are married, ranging from 100% for those born in Egypt, 82.5% for Croatia and 78.6% for Ukraine, to 48.9% for those born in Poland. A majority of male cohorts (54%) from the total WA population are also married. Across all age groups the proportion of men who are married or in a *de facto* relationship is higher compared with women and the gap increases with age.

This trend is consistent with most other studies (Khoo 2011) largely because men in older age brackets have a higher mortality rate than women and husbands are generally older than their wives. Unlike the incidence of widowhood, the incidence of divorce and separation reduces with age for both men and women.

In the context of the higher rate of widowhood among older women from CaLD backgrounds compared with men, older women are more likely to live alone and/or with kin and non-kin members as well as in aged care homes or other institutions than men as reflected in Appendix 4. Following Khoo (2011), the living arrangements of CaLD older people are examined using four variables: living with spouse, living with other family members/relatives, living alone and not living at home. Older people living in group houses and other non-private dwellings, including hospitals, nursing homes or other accommodation for aged or disabled people are considered to be in an institutional care facility.

Appendix 4 reveals two main living arrangements for older people from CaLD backgrounds: living with spouse/partner or living alone. The percentage of older men and women living with a spouse/partner decreases with age. On the other hand, there is a significant increase in the proportion of those who live alone. Such changes affect more women than men

Table 3.7 Percentage of men and women aged 55 and over by marital status and birthplace

Birthplace	Marital Status	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Austria	Married	69.9	64.5	69.2	57.5	66.3	40.7	50.0	21.2	68.4	54.1
	Widowed	4.3	7.9	5.8	21.8	13.5	55.6	50.0	78.8	7.7	28.1
	Others*	25.9	27.6	25.0	20.7	20.2	3.7	0.0	0.0	24.0	17.9
Burma	Married	75.9	66.0	74.7	54.0	74.8	33.3	63.0	12.3	74.4	50.8
	Widowed	2.8	9.4	3.5	27.8	11.9	58.9	23.9	76.4	5.6	31.2
	Others*	21.3	24.7	21.8	18.3	13.3	7.7	13.0	11.3	19.8	18.0
China	Married	89.2	71.1	82.6	59.9	78.2	37.7	68.6	13.3	82.9	53.9
	Widowed	0.0	9.8	4.9	30.1	12.9	56.5	31.4	83.3	7.2	34.5
	Others*	10.8	19.2	12.5	10.0	8.8	6.0	0.0	3.3	9.9	11.6
Croatia	Married	76.5	71.8	74.6	64.1	75.1	29.1	82.5	4.3	75.7	54.7
	Widowed	1.6	11.2	4.1	23.6	12.4	61.9	17.5	89.2	4.6	32.5
	Others*	21.9	17.0	21.3	12.3	12.4	9.0	0.0	6.5	19.7	12.8
Egypt	Married	76.2	59.7	77.4	58.3	58.0	18.4	100.0	21.4	73.7	46.7
	Widowed	2.1	9.4	6.1	21.9	18.8	67.3	0.0	78.6	6.3	31.3
	Others*	21.7	30.9	16.5	19.8	23.2	14.3	0.0	0.0	20.0	22.1
Greece	Married	82.3	75.1	84.6	68.9	79.8	33.2	66.7	7.9	82.1	57.0
	Widowed	1.4	10.2	4.2	25.5	11.8	61.4	33.3	88.2	5.9	35.0
	Others*	16.4	14.7	11.2	5.6	8.3	5.4	0.0	4.0	12.0	8.0
Hungary	Married	58.3	64.3	60.5	44.9	58.8	24.1	60.0	0.0	59.4	44.5
	Widowed	7.4	8.0	9.2	30.3	13.4	60.3	40.0	100.0	11.0	33.6
	Others*	34.3	27.7	30.3	24.7	27.8	15.5	0.0	0.0	29.6	21.9
India	Married	77.3	70.6	76.6	55.9	73.8	34.4	63.1	12.7	75.9	54.4
	Widowed	1.1	8.1	6.5	26.4	13.1	56.2	27.9	82.5	5.8	29.0
	Others*	21.3	21.3	16.6	17.7	13.1	9.0	9.0	4.8	18.3	16.6
Italy	Married	81.5	79.2	84.8	65.6	79.9	39.9	58.5	14.4	81.2	59.0
	Widowed	1.8	8.5	4.1	28.9	12.2	56.7	35.9	83.6	6.9	34.2
	Others*	16.8	12.3	11.0	5.6	7.9	3.3	5.6	1.9	12.0	6.9
Malaysia	Married	87.8	74.4	88.6	62.2	86.6	36.0	56.1	7.4	87.3	65.3
	Widowed	1.5	6.8	2.7	23.3	7.0	58.5	43.9	73.5	3.1	18.5
	Others*	10.7	18.7	8.7	14.5	6.5	5.5	0.0	19.1	9.6	16.2
Netherlands	Married	76.4	70.1	77.1	62.8	73.5	39.9	51.3	13.6	75.0	57.8
	Widowed	1.5	6.5	5.2	23.0	16.5	50.7	39.5	84.1	7.0	25.5
	Others*	22.2	23.5	17.8	14.2	9.4	9.4	9.4	2.3	18.1	16.7
Poland	Married	70.2	61.4	70.3	49.8	64.6	25.5	48.9	14.7	66.1	40.3
	Widowed	2.5	8.5	4.1	33.9	21.7	67.1	38.3	74.4	12.9	43.1
	Others*	27.3	30.1	25.7	16.7	13.7	7.4	12.8	10.9	21.0	16.7
Ukraine	Married	80.0	58.8	76.1	48.6	57.7	22.2	78.6	18.2	67.2	27.7
	Widowed	0.0	23.5	0.0	34.3	30.9	70.6	21.4	75.0	19.4	63.1
	Others*	20.0	17.7	23.9	17.1	11.3	7.1	0.0	6.9	13.4	9.2
Vietnam	Married	84.6	65.7	86.3	57.9	80.8	34.5	59.4	20.5	83.5	57.1
	Widowed	2.7	11.5	3.4	28.6	9.6	62.0	31.3	71.8	4.9	26.1
	Others*	12.7	22.8	10.3	13.5	9.6	3.5	9.4	7.7	11.5	16.8

Note: * Others include never married, divorced and separated.

Source: Compiled and computed from ABS 2006 Census of Population and Housing

given that the rate of widowhood is much higher for women at all ages. Trends in living arrangements are not unique to WA CaLD communities but common for CaLD communities in Australia (Khoo 2011). Although the broad trends in living arrangements are similar for older people from the total WA population, there are some notable differences. For example, from the 55–64 age group to the 85 and over age group, a significant proportion live in an institutional facility (ranging between 7 and 37%). Even for the 85 and over age bracket, the rate of living in an institutional care facility is the highest (37%) for women from the total WA population compared with any other CaLD cohorts.

By contrast, the percentage of CaLD older people living in group houses and institutional care facilities is very small until they reach the 85 and above age bracket. For those aged 85 and above, between a quarter and one-third of the women are in group houses, hospitals, aged care homes or other accommodation for the aged or disabled.

The rate for living in institutional care facilities is higher for women than men with the exception of women from China, for which the reverse holds. For all other birthplace groups, the rate varies for men. For example, no older men from Austria, Egypt and Vietnam, and less than 10% of those from Burma, have been in institutional care facilities. For all other birthplace groups, around 18–31% of men aged 85 and over live in group houses or institutional care facilities.

Generally, a small proportion of older people live with family members and/or non-relatives. However, with an increase in age, older CaLD women are more likely to live with family members and non-relatives than men and their counterparts from the total WA population. Generally, between 11 and 18% of women aged 85 and over live with other family members although the proportion varies across countries of birth. While the proportion is less than 5% for those from the Netherlands, the majority of older Vietnam-born women live in such arrangements. Next in descending order are the China-born (43.5%), Egypt-born (31.1%) and Malaysia-born (22.4%) women. Only 6.5% of female cohorts for the total WA population live with other family members.

Table 3.8 Percentage of men and women aged 55 and over by birthplace who need assistance in core activities

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	5.7	0.0	5.0	3.5	11	19.4	35.7	45.7	7.3	9.3
Burma	6.7	4.3	6.6	10.8	18	27.1	51.1	57.0	10.6	15.7
China	2.8	3.5	6.5	11.5	22.5	31.2	51	61.1	12.6	18.5
Croatia	7.1	6.6	7.9	11.4	23.3	35.3	68.3	67.0	11.5	19.1
Egypt	5.9	7.3	6.0	11.1	16.4	30.3	0.0	62.1	7.9	17.7
Greece	6.0	5.2	7.7	12.4	27.5	33.9	55.9	80.3	12.9	20.8
Hungary	2.9	5.3	10.1	3.4	15.6	30.4	76.5	40.9	12.5	12.5
India	3.9	3.5	7.3	7.3	17.5	25.6	54.5	63.7	9.2	13.8
Italy	4.7	3.8	8.2	12.4	24.3	37.0	58.3	68.3	13.5	20.6
Malaysia	1.7	1.7	5.7	7.6	13.8	32.1	53.7	68.1	4.8	8.4
Netherlands	4.6	3.9	5.3	5.0	16.1	20.1	37.6	57.8	8.3	11.6
Poland	8.3	6.9	11.3	11.0	25.3	37.9	59.1	65.2	19.9	25.1
Ukraine	0.0	0.0	16.3	8.6	27.4	46.2	46.2	57.8	25.1	40.1
Vietnam	4.5	5.9	10.8	17.8	24.8	41.0	42.4	63.4	10.4	17.0

Source: Compiled and computed from ABS 2006 Census of Population and Housing

The absence of a need for assistance with daily self-care activities, such as getting out of bed, dressing, eating, showering, toileting and being able to do other things around the house, is considered to be



a strong measure of physical and social wellbeing and physical independence (Khoo 2011). As expected, Table 3.8 shows that the need for assistance increases with age for both older men and women from CaLD backgrounds. In the 75–84 age group, nearly a quarter of men and one-third of women are in need of assistance, and in the 85 and over age group, the same is true for more than half of the men and around two-thirds of the women. However, variations by country of birth and gender are evident. The proportion of older men and women needing assistance is lower for those from Austria and the Netherlands compared with other CaLD groups and across age cohorts. With 16 and 21% and 38 and 52% of the men and women respectively aged 75-84 and 85 and over needing assistance from the total WA population, these groups are more favourably compared with cohorts from Austria and the Netherlands than those from other birthplaces.

Generally, the proportion of older women needing assistance is larger than men and this gender gap is wider for those born in Egypt, Greece, the Netherlands, Vietnam and Austria. With a larger proportion of men needing assistance than women for the 65–74 and 85 and over age brackets, Hungary represents an exception.

MOBILITY AND CONNECTIVITY

Access to transport and internet facilities are considered important indicators of mobility for older people and are likely to increase their ability to access health

and aged care services. Research suggests that physical and social mobility restrictions contribute to loneliness and isolation (WA Department for Communities 2006). In the age of information technology and social media, access to the internet is considered important to remain socially engaged and reduce social isolation. Car ownership and access to the internet are used to measure the mobility and social connectivity of older people from CaLD backgrounds.

Table 3.9 Percentage of men and women aged 55 and over by birthplace who do not own a car

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	2.5	0.0	0.0	7.9	6.5	33.0	46.2	29.4	3.8	12.3
Burma	5.0	5	4.7	12.4	10.6	30.5	22.7	20.4	6.7	13.8
China	3.6	8.8	8.7	14.1	27	23.7	15.7	16.5	11.9	14.6
Croatia	4.2	7.0	7.6	15.7	13.9	35.3	43.6	37.2	8.0	18.5
Egypt	2.7	2.2	10.3	15.6	15.3	36.1	33.3	44.4	8.1	16.5
Greece	4.6	4.2	4.8	15.9	14.8	36.6	23.7	41.1	7.6	19.7
Hungary	2.8	0.0	6.1	17.8	12.6	24.1	16.7	42.1	7.3	13.8
India	3.7	4.4	4.5	13.1	12.3	25.6	21.9	28.0	6.2	13.1
Italy	1.7	3.1	2.9	14.1	10.7	34.3	29.8	37.1	5.8	17.9
Malaysia	1.2	2.2	2.5	8.8	7.9	18.0	23.8	26.8	2.6	6.3
Netherlands	1.8	2.6	2.7	7.5	7.0	20.2	16.9	37.2	3.7	10.1
Poland	4.0	7.2	5.4	19.8	10.2	36.4	24.8	35.9	8.4	24.1
Ukraine	42.9	0.0	14.8	23.3	17.0	37.9	41.4	47.8	21.8	35.4
Vietnam	4.0	6.1	6.9	14.8	13.6	14.7	15.2	10.0	6.5	10.9

Source: Compiled and computed from ABS 2006 Census of Population and Housing

Table 3.9 shows that the proportion of older men and women who do not own a car increases significantly with age and generally becomes larger for those aged 85 and over. Apart from age, the rate of car ownership also varies across birthplace group and by gender. In the 55–64 age group, both men and women either own one to two cars or more than two cars, and only a very small proportion

(ranging between none and 9%) do not own a car. Thereafter, in each successive age group, the proportion that does not own a car increases. In the 85 and over cohort, the rate of non-ownership is the highest for men and women born in the Ukraine (41.4 and 47.8%, respectively), Egypt (33.3 and 44.4%, respectively) and Croatia (43.6 and 37.2%, respectively).

The lowest rates of non-ownership are found for cohorts from Vietnam (15.2 and 10%, respectively), China (15.7 and 16.5% respectively) and Burma (22.7 and 20.4% respectively). The rate for non-ownership of a car is also lower for male and female cohorts from the total WA population (16.5 and 28.4% respectively), compared with all other aged CaLD cohorts with the exception of Vietnam and China (and also female cohorts from Burma). For all other CaLD groups the rate varies between nearly 20 and 48%.

While generally more women than men are likely to not own a car, the opposite holds for men, who are more likely to own two or more cars. Non-ownership of a car can indicate a number of issues, including lack of affordability, inability to drive, lack or loss of driver's licence and low mobility.

Table 3.10 presents data on older CaLD men and women's mode of transport for travelling to work for the 55–64 and 65–74 age groups. It shows that the proportion of older people who drive their own car is much higher for men than women. This trend is expected given that men's employment rate is higher than women's

and that women have a lower rate of car ownership. The gender gap is most acute for those from Croatia, Egypt, Greece, Italy, India, China, the Netherlands and Vietnam, compared with other sample CaLD groups. Subsequently, these female cohorts are more likely to travel to work as a passenger in a car than women from other countries of birth. The use of public transport is very low, varying between 1 and 5%. Research suggests that seniors are often not well-served by public transport due to affordability, accessibility, distance from where they live and concerns over safety and security (Social Exclusion Unit 2005).

Table 3.10 Percentage of men and women aged 55 and over by birthplace who travel to work by public transport and by self-driven car

Birthplace	Public Transport 55-64		Self-driven car 55-64		Public Transport 65-74		Self-driven car 65-74	
	M	F	M	F	M	F	M	F
Austria	2.1	1.5	47.5	32.0	0.0	0.0	10.8	5.7
Burma	3.8	4.9	51.2	33.0	0.0	0.0	9.8	4.1
China	2.4	4.6	42.1	14.7	1.6	1.2	8.2	2.9
Croatia	3.0	2.1	41.1	16.8	0.5	0.7	8.1	1.4
Egypt	3.7	1.7	44.4	25.3	2.6	0.0	13.8	0.0
Greece	1.6	2.3	44.6	11.1	0.7	0.0	11.9	3.2
Hungary	0.0	0.0	38.9	25.2	0.0	0.0	7.2	6.7
India	4.2	4.9	50.6	28.4	0.8	0.6	13.4	2.8
Italy	1.6	1.2	51.3	18.5	0.3	0.1	10.8	1.9
Malaysia	3.1	2.3	55.7	31.8	0.6	0.6	18.7	4.8
Netherlands	2.4	1.8	48.2	26.3	0.7	0.0	5.9	0.9
Poland	2.9	3.5	39.6	28.3	1.4	0.0	5.8	1.4
Ukraine	0.0	0.0	23.1	16.7	0.0	0.0	8.0	0.0
Vietnam	1.6	0.7	38.6	14.4	1.5	0.0	1.5	1.2

Source: Compiled and computed from ABS 2006 Census of Population and Housing

The modes of transport for travelling to work are also similar for older people from the total WA population. Around 43 and 27% of the men and women aged 55-64 years drive to work by their own car and



barely 2% of them use public transport. The proportion that drives to work declines significantly to 10 and 4% respectively for men and women in the 65-74 age brackets.

Table 3.11 Percentage of men and women aged 55 and over by birthplace who have access to internet facilities

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	64.5	59.2	46.2	36.8	28.9	15.7	23.5	28.6	52.9	41.5
Burma	57.9	55.1	43.3	35.7	24.3	22.4	27.7	18.5	46.0	38.9
China	75.2	64.8	54.0	56.9	52.1	44.8	51	44.7	61.4	55.9
Croatia	47.3	37.8	23.3	16.8	10.4	15.5	13.3	16.1	31.5	24.2
Egypt	69.9	61.4	53.0	40.6	25.0	21.1	0.0	14.3	55.4	43.5
Greece	47.0	33.7	27.5	18.3	10.5	18.5	0.0	12.2	29.6	22.2
Hungary	59.8	58.9	32.2	33.0	24.7	21.8	28.6	15.0	37.9	39.9
India	69.7	65.7	53.3	42.6	34.4	25.3	21.2	20.8	56.9	47.3
Italy	54.2	38.5	23.9	19.9	12.5	13.8	11.5	9.3	31.0	22.4
Malaysia	78.8	71.8	64.7	53.5	52.4	43.6	25.6	30.1	71.5	62.8
Netherlands	68.5	64.2	51.4	43.4	35.4	26.3	22.1	14.3	55.5	47.5
Poland	59.0	61.9	38.0	21.7	14.9	14.8	7.5	19.1	35.3	30.0
Ukraine	27.3	62.5	26.0	36.8	11.2	9.9	9.4	13.6	15.7	18.0
Vietnam	54.6	50.2	41.0	44.4	30.4	44.1	47.2	78.9	47.6	48.9

Source: Compiled and computed from ABS 2006 Census of Population and Housing

Table 3.11 shows that access to the internet generally declines with age. Access rates vary between 47–79% and 34–72% respectively, for men and women aged 55–64, and drop to 10–52% and 14–45% respectively for the 75–84 age cohorts. The access rate for those aged 55–84 is the highest for men and women from Malaysia and China, and relatively higher for those from the Netherlands, India, Austria and Egypt, compared with the cohorts from other CaLD groups. Relatively lower access rates are found for cohorts from Croatia, Greece, Italy and Ukraine.

It is notable that for the 85 and over age group, access rates increase and are even higher, particularly for women from birthplace groups such as Austria (15.7 and 28.6% respectively), Poland (14.8 and 19.1% respectively), Ukraine (9.9 and 13.6% respectively) and Vietnam (44.1 and 78.9% respectively), compared with the 75–84 age cohorts. Given that in the 85 and above age groups, a number of women are widowed and a significant number of women live in group houses and institutional care, it is likely that they have greater access to the internet as a common facility than the 75–84 aged cohorts who largely live in private dwellings.

Research suggests that access rates depend on interest in the use of computers by seniors, memory span, information technology literacy, English language proficiency and affordability to buy, maintain and upgrade a computer (Department for Community Development 2006).

The access rate for seniors from the total WA population also varies by age, and the gender-based variation starts from 65 years and over. In the 55–64 age bracket, around 60% of seniors have access to the internet, which declines to 51.7 and 46.6% and 16.2 and 11.4% respectively for men and women aged 65–74 and 85 years and over.

ACTIVE AGEING

The term 'active ageing' has become central in international and national ageing policy development. At the Second United Nations World Assembly on Ageing in Madrid 2002, WHO defined active ageing as "the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age" (WHO 2002). Issues related to the health and financial security of CaLD older people have been discussed above. Data from the 2006 Census on participation of CaLD seniors in paid work, volunteering and looking after children can be used to measure older people's engagement with the broader community and family. Research suggests that involvement with community, family, children and grandchildren may provide positive experiences for CaLD older people (WA Department for Community Development 2006).

Table 3.12 Percentage of men and women aged 55 and over by birthplace employed in paid work

Birthplace	55-64		65-74		75-84		85 and over		Total aged 55 +	
	M	F	M	F	M	F	M	F	M	F
Austria	70.6	47.3	18.3	11.5	0.0	2.8	0.0	0.0	43.4	25.3
Burma	67.8	52.0	14.2	8.0	2.0	0.9	0.0	0.0	35.9	22.9
China	59.4	32.0	14.5	4.5	1.8	0.0	6.1	3.2	27.9	13.2
Croatia	61.5	36.7	14.6	7.8	7.7	4.1	7.7	0.0	33.6	17.1
Egypt	67.4	38.2	21.6	9.4	0.0	3.0	0.0	0.0	39.7	19.9
Greece	57.1	27.1	16.8	6.6	4.4	0.0	0.0	3.9	27.4	10.5
Hungary	58.3	34.2	18.3	13.3	4.2	0.0	0.0	0.0	25.5	17.8
India	71.3	50.7	20.4	8.1	3.1	0.0	0.0	1.2	42.2	24.2
Italy	70.6	33.9	18.2	5.0	4.4	1.3	2.2	0.8	32.2	12.9
Malaysia	71.9	51.3	26.6	11.0	6.8	2.6	6.8	0.0	52.1	34.3
Netherlands	72.5	45.9	16.4	5.3	3.8	0.6	2.0	0.0	40.8	23.0
Poland	63.1	47.6	10.3	4.5	2.2	0.5	2.2	0.0	27.1	14.6
Ukraine	30.8	33.3	26.0	0.0	3.1	0.0	0.0	0.0	8.5	2.4
Vietnam	51.8	29.3	11.8	2.3	2.9	2.5	33.3	10.3	34.2	16.7

Source: Compiled and computed from ABS 2006 Census of Population and Housing

Table 3.12 shows that participation in paid employment declines rapidly with increasing age and that men's participation is much higher than women's across all age groups. In the 55–64 age-group, the rate of employment varies greatly not only by gender but also by birthplace groups. Male cohorts from the Netherlands (72.5%), Malaysia (71.9%), India (71.3%), Italy (70.6%) and Austria (70.6%) have the highest rate of employment, followed by those from Burma (67.8%) and Egypt (67.4%). The lowest rates are observed for cohorts from Ukraine (30.8%), Vietnam (51.8%), Greece (57.1%), Hungary (58.3%) and China (59.4%). With 64.7% of the male cohorts from the total WA population engaged in paid employment, this group can be placed between the two extremes.

For female cohorts, the employment rate fluctuates between 27 and 52%. The highest employment rate is found for women from Burma (52%), Malaysia (51.3%), India (50.7%), Poland (47.6%), Austria (47.3%) and the Netherlands (45.8%). With an employment rate at 46.2%, female cohorts for the total WA population fall into this category. Female cohorts from Greece (27.1%), Vietnam (29.3%), China (32%), Ukraine (33.3%), Italy (33.9%), Hungary (34.2%) and Croatia (36.7%) have much lower rates of employment compared with women from the birthplace groups described above. This may be an outcome of early retirement from low-skilled jobs and low English proficiency in some of these birthplace groups.

Employment rates for CaLD men and women decline rapidly to about 12–27% and 2–13% respectively for those aged 65–74 and



further drops to 2–7% and 0–4% respectively for the 75–84 age bracket.

Almost no men and women aged 85 and over are engaged in paid employment. With 19.6 and 9% and 4.8 and 1.5% of the men and women aged 75–84 and 85 and over respectively engaged in paid employment, older people for the total WA population share similar trends.

Birthplace groups that have recorded higher and lower participation rates for the men and women aged 55–64 do not necessarily remain consistent across all age groups or between men and women.

Table 3.13 presents data on CaLD older men and women’s participation in volunteering and child care. On both counts, women’s participation is generally higher than men’s for the 55–64 and 65–74 cohorts, while the trend is reversed for older people aged 75 and above. In the 55–64 and 65–74 age-groups, women’s rate of participation is generally higher in child care than volunteering, except for the Netherlands and Austria. Volunteering rates are the highest for female cohorts from the Netherlands and Austria (ranging between 24 and 27%), while the lowest rates are found for those from Greece, Croatia, Vietnam and Italy (which range from 5 to 10%). Female cohorts from Italy, Greece, Croatia and China, on the other hand, have the highest participation rate in child-care activities (ranging between 17 and 30%).

Female cohorts from Malaysia, Egypt, India and Burma can be ranked in the middle of the highest and lowest ranking countries for their participation rate in both volunteering and child care (ranging between 13–21% and 13–18%, respectively). Male cohorts from the Netherlands, India, Egypt and Hungary have higher rates of volunteering than child care and also in comparison to other CaLD groups. For the men and women aged 75 and over, participation rates in volunteering and child care drop to 3–9% and 3–8%

respectively with the exception of those born in the Netherlands, Malaysia and India.

Older men and women from the total WA population do not necessarily share the similar trends in volunteering and child care with their CaLD counterparts. Women’s participation on both counts has been higher compared with men for the 55–64 and 65–74 age groups (22.2 and 21.2% and 11.9 and 16.6% respectively), which is comparable to the CaLD cohorts. However, instead of reversed trends based on gender found among CaLD groups, the rates of volunteering and child care become similar for both men and women (around 5 and 13% respectively) for the 75–84 and 85 and over age brackets.

Participation in employment, volunteering and child care (Tables 4.12 and 4.13) indicate a consistent pattern for CaLD groups. They suggest that older men and women from the Netherlands, Austria, Malaysia, India, Burma and Egypt have a higher level of engagement with the broader community and family than other CaLD birthplace groups, while those from Croatia, Greece and Hungary have low engagement. The trends in volunteering for CaLD older people are broadly consistent with the existing studies (Khoo 2011) and with cohorts for the total WA population.

However, research also shows that the participation rate is lower for older men and women from CaLD backgrounds than those of English speaking background or those born in Australia (Khoo 2011; ABS 2001). It is argued that some people from CaLD backgrounds may not have identified the unpaid work they do in their communities as volunteering (Volunteering Australia 2007). English language comprehension, time, family and travel are identified as other barriers to volunteering for people from CaLD backgrounds (Volunteering Australia 2007; Khoo 2011).

Table 3.13 Percentage of men and women aged 55 and over by birthplace who are engaged in volunteering and child care

Birthplace	Marital Status	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Austria	Child care	13.5	17.2	7.5	14.9	4.5	0.0	0.0	0.0	10.0	11.1
	Volunteering	12.8	18.2	10.0	26.4	6.7	2.8	16.7	0.0	11.2	14.6
Burma	Child care	12.6	22.8	17.0	18.3	5.3	2.9	0.0	0.0	12.4	15.5
	Volunteering	13.7	13.6	14.2	14.1	7.3	3.7	7.1	0.0	12.6	10.9
China	Child care	13.9	19.8	18.7	27.4	14.7	7.1	0.0	10.8	14.5	18.3
	Volunteering	7.1	10.6	12.5	13.2	8.4	9.3	0.0	3.2	8.4	10.2
Croatia	Child care	11.5	29.7	12.7	17.3	6.3	4.8	0.0	0.0	10.9	17.8
	Volunteering	5.8	6.8	3.7	4.5	5.4	3.4	0.0	3.2	4.8	5.0
Egypt	Child care	13.9	26.4	10.3	19.8	0.0	4.0	0.0	0.0	10.0	17.4
	Volunteering	17.1	14.0	24.1	15.6	8.5	8.1	0.0	0.0	17.4	11.9
Greece	Child care	14.1	30.7	17.2	21.0	9.6	5.7	0.0	3.9	13.9	18.5
	Volunteering	6.5	8.2	6.5	4.4	5.3	3.2	0.0	3.9	6.0	5.1
Hungary	Child care	8.3	11.7	8.5	21.1	4.2	0.0	0.0	0.0	7.0	11.4
	Volunteering	17.6	12.6	8.5	14.4	8.3	8.9	0.0	0.0	10.7	11.4
India	Child care	11.5	20.1	11.9	18.2	7.0	5.6	0.0	2.8	10.4	15.3
	Volunteering	13.4	17.7	17.1	17.7	9.4	11.1	6.1	3.2	13.4	15.3
Italy	Child care	11.3	30.5	15.5	21.7	7.0	7.4	2.7	1.0	11.3	19.0
	Volunteering	8.2	10.9	5.5	6.3	3.3	4.0	0.7	1.8	5.6	6.8
Malaysia	Child care	13.8	16.5	17.9	21.3	13.7	9.5	6.8	0.0	14.8	16.5
	Volunteering	14.2	18.8	15.6	17.0	13.2	10.6	7.0	0.0	14.4	16.9
Netherlands	Child care	13.2	25.8	11.8	16.2	6.0	5.2	0.0	1.2	10.9	17.3
	Volunteering	19.8	27.4	21.5	24.6	11.9	11.5	6.7	1.6	18.2	21.5
Poland	Child care	10.4	16.6	10.8	14.1	4.4	3.6	0.0	0.0	7.4	9.5
	Volunteering	8.1	14.6	9.9	15.5	5.1	5.4	4.5	0.0	7.0	10.0
Ukraine	Child care	23.1	0.0	12.0	8.8	3.1	0.0	0.0	7.1	6.4	2.4
	Volunteering	0.0	16.7	8.0	17.6	0.0	3.9	0.0	7.1	2.1	7.2
Vietnam	Child care	17.4	18.6	14.3	21.6	10.6	4.4	9.1	7.1	15.4	17.1
	Volunteering	8.0	11.3	7.3	5.4	2.9	2.6	0.0	16.7	6.8	8.6

Source: Compiled and computed from ABS 2006 Census of Population and Housing

The review of existing literature, together with the statistical analysis, reaffirms the heterogeneity between men and women by age groups and birthplace groups (Rowland 199; Mackenzie 1999; Bartlett, Rao & Warburton 2006; Khoo, 2011). Notwithstanding such heterogeneity, it is possible to identify broad trends because of the consistency found across almost all statistical indicators used to examine the ageing experiences of CaLD groups.



Discussion and conclusion

The major findings from an examination of the 2006 Census data on the economic and social wellbeing of older people from CaLD backgrounds in WA are presented in Table 4.1. Four clear trends emerge from the table.


1. Generally income, English proficiency, post-school qualification, home ownership, access to a private car and the internet, engagement in paid employment and volunteering all decline with age. By contrast, the rate of widowhood, living alone and in institutional care, and the need for assistance increase.
2. Older women are more disadvantaged than men on all counts.
3. Older Western Australians born in the Netherlands, Malaysia, Austria, India and Egypt almost invariably rated highly on all indicators, while the opposite held for those from Italy, Greece, Ukraine and Vietnam. With the exception of internet access, older people born in China also have low rates. Together with those from Greece, Italy, Croatia, Poland and Ukraine, they demonstrated a higher need for assistance compared with other birthplace groups.
4. The study shows that there is no positive correlation between income and home ownership and hence low income does not necessarily mean low home ownership for CaLD seniors. Those born in Croatia, Greece and Italy may have lower current income but, along with high-rating birthplace groups like Malaysia, Austria, India and Egypt, they have higher rates of home ownership compared with their cohorts from other groups.

The question arises whether the disadvantages suffered by CaLD older groups indicated above in relation to independence and social support, mobility and connectivity and active ageing were unique to them. In order to ascertain that, the report also examined the situation of older people from the total WA population using all the indicators listed above to draw a comparison. From the comparison, older people from the total WA population were relatively more independent compared with their CaLD counterparts:

The rate of English language proficiency for seniors from the total WA population did not differ much by age groups (around 90 and 84% for the 55–64 and 85 years and over respectively).

Similarly, in regard to personal income, middle income earners (earning between \$250 and less than \$1000) remained stable at around 44% with little fluctuation across age and gender, which evidently was not the case for most of the CaLD birthplace groups. With around one-fifth and between two-fifths and half of the men and women aged 75–84 and 85 and over needing assistance in core activities from the total WA population, these groups are more favourably compared with cohorts from Austria and the Netherlands than those from other birthplaces indicated above. Similarly, the rate of non-ownership of car was much lower for the 75 and over age group from the total WA population compared with CaLD cohorts.

In terms of social support, mobility, connectivity and active ageing, the situation of older people from the total WA population was broadly comparable with their CaLD counterparts.



The study emphasises the need for greater support and aged care service as well as other necessary services, specifically catering to the needs of CaLD older people aged 75 years and over, given that their level of independence and social support are minimal. The more disadvantaged birthplace groups as stated above, such as China, Croatia, Greece, Italy, Poland, Ukraine and Vietnam, and CaLD older women may need special attention in areas such as income, language services, assistance in core activities, opportunities for recreation and productive engagement while planning services or updating existing programs.

However, it should be noted that older people from CaLD backgrounds constituted around 20 to 30% of the clients using aged care services, including the Residential Aged Care Program, CACP, EACH, EACHD and HACC in WA, compared with around 50–60% of those born in Australia. Clearly, there are barriers that older people from CaLD backgrounds encounter when accessing aged care and other services. These have been highlighted by a number of studies and have been summarised in Table 3.2.

The table demonstrates that the demand factors are influenced by cultural and religious beliefs and socio-economic conditions. For example, older people from CaLD backgrounds and/or their families do not always perceive mental health and ill health as serious issues that need medical treatment. Further, shame and stigma surrounding disability and mental health among many CaLD communities can prevent them from seeking medical treatment. It is important to examine their socio-economic conditions and/or status, such as income and support levels, English language competency and communication, which can determine not only their economic and social wellbeing but are also likely to impact on their ability to seek care and services.

On the supply side it is unlikely that there would be

no or low demand for aged care and/or for mental health services from CaLD seniors. Rather, the limited choice of care providers, insufficient information about the services, the lack of bilingual staff and links between service providers and CaLD groups, and the lack of culturally appropriate service may deter them from seeking services. Moreover, the Productivity Commission (2011) has acknowledged that given the variable care and quality across the aged care system, older people in general find the system complex and difficult to navigate. For older people from CaLD backgrounds, navigating the aged care system is even more challenging because of their limited language proficiency, lack of information and limited computer literacy in some cases.

In order to understand why such structural and/or systemic barriers exist, one needs to examine access and equity-related issues. Apart from insufficient and inefficient financial allocation within and between the different forms of community and residential care, which may result in an under-resourced ethno-specific service, there is also a lack of an aged care strategy and policy for older people from CaLD backgrounds. The last such initiative was the Ethnic Older Persons Strategy, which was produced by the Commonwealth Department of Human Services and Health in 1995 (FECCA 2008).

The study highlights the need for an up-to-date aged care strategy and policy for older people in Australia that should also have a specific focus on older people from CaLD backgrounds. Given that the issues related to CaLD ageing are intrinsically linked with cultural and religious norms and values along with socio-economic conditions and migration outcomes, the need for a CaLD-specific strategy becomes paramount. Such a strategy needs to focus on culturally appropriate services for older people in WA, including the recruitment and support of a bilingual aged care



workforce and appropriate funding for language services to address the demand and supply-driven barriers impeding CaLD older people's access to aged care and other services.

Aside from a CaLD specific strategy, policies for older people would benefit by considering other important findings. One such finding relates to the rate of volunteering by older people from CaLD backgrounds. The rate of volunteering ranged between 13 and 26% for women in the 55–64 and 65–74 age brackets, which is generally higher than their male cohorts. By contrast, the labour force participation rate for the women aged 65–74 barely exceeds 10%, significantly lower than men. In 2007, for every person aged 65 and over there were five people of working age. According to the Intergenerational Report 2010, the ratio is projected to drop to 1:3 in 2050. The National Seniors Australia Productive Ageing Centre estimates that the cost of not using the skills and experience of older Australians is \$10.8 billion a year. These findings provide the impetus for workplace participation policies to be flexible to ensure that older people, particularly those who are participating in unpaid work such as volunteering, also have opportunities for paid work.

There should also be life-long learning opportunities and the provision of affordable and safe public and other modes of transport available at convenient times for older people in WA in general with a special focus on disadvantaged CaLD groups.

Given that around 25–50% of the men and women from CaLD backgrounds in the 85 and over age bracket and between 43 and 53% of cohorts from the total WA population respectively do not own a house, there is a need for more affordable housing among low and moderate income older people. This need is exacerbated by Australia's property boom and decline of affordable housing in the private rental market. Therefore, there is a need to review low-income

housing assistance as those on low-incomes are not being well served by current policies. Large inequalities between different forms of housing assistance treat individuals very differently, based on the form of housing assistance they receive, despite them otherwise having equal means. More opportunities should be created to leverage private and not-for-profit involvement in expanding the supply of age-friendly and affordable housing.

Areas identified for future research and data gaps include:

- quantitative studies on the knowledge of dementia among CaLD communities in Australia
- more research on migrants' health and pensions and superannuation for CaLD communities in WA
- age-standardised data on disability and mental health in CaLD communities at the state and territory level
- disaggregation of Health and Wellbeing Surveillance System (HWSS) data collected by the WA Department of Health by country of birth
- more projections by the Australian Bureau of Statistics (ABS) on CaLD communities by age, gender and country of birth at the state and territory level
- Australian Institute of Health and Welfare (AIHW) data on Home and Community Care (HACC) and other programs disaggregated by age, gender and country of birth.

Considering that CaLD older people will constitute around one-fifth of the total older Western Australian population by 2026, it is hoped that this study will lead to further research, development of an appropriate policy for older people through a multicultural aged care strategy and planning as well as implementation of culturally competent services.

Table 4.1 Matrix of CaLD older peoples' independence and social wellbeing, mobility and connectivity and active ageing

Independence and social well-being	High	Low	Remarks
English proficiency	India, Netherlands, Austria, Burma, Egypt, Hungary	Italy, Vietnam, China	Declines with age Lower for women
Education	Austria, Malaysia, Netherlands, Egypt, Hungary, India	Vietnam, Italy, Greece, Ukraine	Same
Income	Malaysia, Netherlands, India, Egypt, Austria	Vietnam, China, Croatia, Greece, Italy, Poland, Ukraine	Same
Home owner	Italy, Greece, Croatia, Austria, India, Egypt	Ukraine, Poland, Hungary, Burma	Same
Widowhood	Women from all birthplace groups	Lower for men from all birthplace groups	Increases with age
Married	Malaysia, China, Italy, Greece, Vietnam, India, Croatia	Hungary, Ukraine, Poland	Much higher for men
Living alone	Netherlands, Ukraine, Poland, Egypt, Austria, Hungary	China, Malaysia, Vietnam, Croatia, Burma	Increases with age Higher for women
Living in institution	Women aged 85+ for all birthplace groups		Same
Need assistance	Greece, Ukraine, China, Croatia, Poland, Italy	Austria, Netherlands, Malaysia	Same

MOBILITY AND CONNECTIVITY

Do not own car	Ukraine, Greece, Poland, Croatia	Malaysia, Netherlands, Vietnam, Austria	Same
Travel to work by car	Low for all aged 65 and over (4-16% and 0-7% for men and women)		
Access to internet	Malaysia, China, Netherlands, India, Egypt, Vietnam	Greece, Italy, Croatia, Ukraine	Declines with age

ACTIVE AGEING

Paid employment	Malaysia, Austria, Netherlands, India, Croatia	Ukraine, Greece, China, Hungary	Decreases with age Higher for men
Volunteering	Netherlands, Malaysia, India, Egypt, Austria	Croatia, Greece, Italy, Vietnam	Decreases with age
Child care	China, Greece, Malaysia, Vietnam, Italy	Ukraine, Poland, Hungary	Higher for women

Source: Prepared from various tables presented in Section 3



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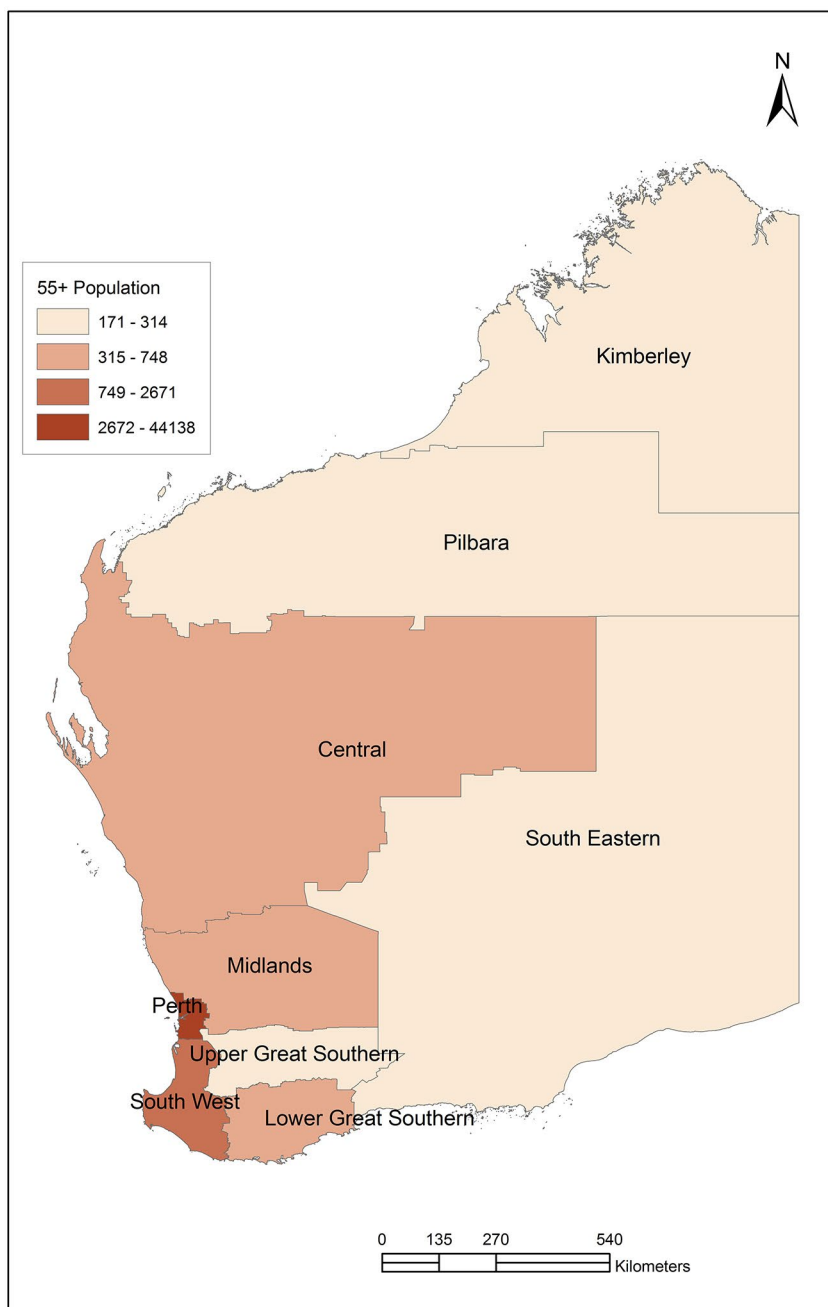
Appendices

Appendix 1 WA Community Partners Program 2009–2010

Program	Geographical coverage	CaLD clientele groups	Program description
The Australian-Asian Association of WA Inc	All metropolitan and rural areas as requested by community leaders (e.g. there are concentrations of Filipino seniors in Kalgoorlie, Port Hedland and Albany)	Pakistani, Bangladeshi, Iranian, Indian, Sri Lankan, Filipino, Thai, Burmese, Spanish speaking communities	The project engages targeted communities in dialogues and workshops where relevant information is provided on access and utilisation of existing support services. The project also cooperates with residential care providers to enhance their service delivery to meet the needs of CaLD communities.
The Chung Wah Association Inc	All metropolitan areas of Perth	Chinese, Vietnamese, Cambodian and other small Asian communities	The Chung Wah Link project operates through the strategies of education, training, community building and partnership linkage with mainstream aged care service providers. The project involves a series of educational activities such as seminars, exhibitions, recruitment and training of volunteers, and joint partnership activities with Commonwealth Care Link.
Fremantle Multicultural Centre Inc (Formerly South Metropolitan Migrant Resource Centre)	South West Metropolitan region	Lebanese, Iraqi, Turkish, Egyptian, Indonesian, Iranian, Afghan, Italian, Croatian, Portuguese	This project assists CaLD communities and individuals in south metropolitan regions to be better informed about the range of available aged care services and how to access them, through the provision of written material and meetings.
Italo-Australian Welfare and Cultural Centre Inc	Metropolitan Perth and South West WA	Italian	This project promotes and facilitates increased and sustained access to culturally and linguistically appropriate aged care support services by aged members of the Italian community with significant aged care needs.
The West Australian Association of Polish Women Inc	Statewide	Bosnian, Bulgarian, Croatian, Czech Republic, Hungarian, Latvian, Lithuanian, Macedonian, Serbian, Polish, Slovakian, Romanian, Slovenian, Ukrainian	This project provides a holistic and practical approach by delivering aged care information to people from CaLD backgrounds. It also supports aged care providers through a publicity strategy to present aged care as a user friendly service via ethnic and mainstream media; informing CaLD communities about aged care; providing support to aged care services and other health professionals.
St Basil's Aged Care Service in Western Australia (Vasileias) Inc	Perth and metropolitan region of South West Western Australia	Greek, Serbian, Russian, Romanian	This project has extended its services to the Serbian, Russian and Romanian communities.

Source: Department of Health and Ageing 2011
[\[http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cpp-index.htm\]](http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cpp-index.htm)

Appendix 2 Settlement pattern, religious composition and living arrangements of older people from CaLD backgrounds





Appendix 3: Religious composition of men and women aged 55 and over by birthplace

Birthplace	Living arrangements	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Austria	Christian	79.4	74.4	85.0	79.3	79.8	91.7	33.3	66.7	79.2	79.1
	Muslim	0.0	0.0	0.0	0.0	3.4	0.0	0.0	0.0	0.6	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	13.5	15.3	10.8	6.9	9.0	7.4	38.9	9.1	13.0	11.1
Burma	Christian	81.5	83.4	85.5	87.7	82.7	66.0	97.6	86.1	83.8	86.9
	Muslim	1.4	2.1	1.3	1.8	2.0	0.0	7.1	0.0	1.7	1.4
	Hindu	0.7	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.3	0.2
	No Religion	0.9	2.1	4.1	2.6	4.0	0.9	0.0	0.0	2.5	1.9
China	Christian	25.8	31.6	26.1	31.5	20.0	34.3	24.5	38.9	24.3	33.0
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	47.2	34.0	34.2	28.2	35.2	13.1	35.8	11.1	39.6	25.0
Croatia	Christian	91.6	95.5	95.6	95.5	93.2	94.8	89.7	97.9	93.4	95.5
	Muslim	0.0	0.6	0.5	0.0	1.4	0.0	0.0	0.0	0.4	0.2
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	4.8	2.5	1.7	2.4	3.2	2.4	0.0	0.0	3.2	2.3
Egypt	Christian	72.2	75.8	79.3	85.4	88.7	94.9	96.7	76.7	78.4	82.9
	Muslim	12.3	11.8	9.5	3.1	0.0	0.0	0.0	0.0	8.9	6.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	8.6	3.9	5.2	3.1	7.0	0.0	0.0	0.0	7.1	2.5
Greece	Christian	92.1	97.4	95.1	97.3	96.1	97.9	97.4	88.2	94.4	96.8
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	5.2	2.6	2.6	1.0	2.6	1.1	0.0	0.0	3.4	1.4
Hungary	Christian	72.2	78.4	87.6	84.4	83.3	94.6	98.5	75.0	83.1	83.3
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	12.0	8.1	5.9	10.0	6.3	0.0	0.0	12.5	7.5	7.5
India	Christian	78.8	87.2	84.7	86.4	85.9	90.7	85.1	94.7	82.0	88.3
	Muslim	1.6	0.6	2.2	1.1	0.6	0.5	0.0	0.0	1.5	0.6
	Hindu	7.7	4.9	4.4	3.4	4.9	1.8	2.6	1.2	6.1	3.6
	No Religion	5.0	2.5	2.7	3.2	4.1	2.9	2.6	1.2	4.1	2.7
Italy	Christian	94.4	96.5	96.4	98.8	97.0	97.7	96.1	95.4	95.8	97.5
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	2.7	1.0	1.2	0.3	1.0	0.3	0.7	1.8	1.7	0.7

Birthplace	Living arrangements	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Malaysia	Christian	44.3	51.0	50.8	60.2	70.3	73.1	80.5	77.1	49.1	56.5
	Muslim	2.5	3.0	2.7	2.6	1.6	2.6	0.0	0.0	2.4	2.8
	Hindu	3.2	3.9	5.5	3.9	2.6	0.0	0.0	0.0	3.8	3.4
	No Religion	14.5	10.9	11.4	6.1	8.9	3.3	0.0	4.3	12.8	8.7
Netherlands	Christian	60.3	66.1	65.4	69.2	63.8	67.2	59.7	74.0	62.4	67.7
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	30.7	24.0	26.8	24.0	28.4	24.4	20.8	17.8	28.8	23.6
Poland	Christian	83.6	87.3	91.5	94.6	88.8	94.2	75.4	88.5	85.8	91.9
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	11.2	7.7	7.2	2.3	4.9	1.4	5.2	2.3	7.8	3.5
Ukraine	Christian	53.8	61.1	78.0	94.1	97.9	91.6	89.7	95.2	88.3	90.4
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	0.0	0.0	12.0	8.8	0.0	1.9	0.0	0.0	3.2	2.4
Vietnam	Christian	27.5	25.7	32.2	20.3	23.1	31.3	30.3	34.2	28.2	25.2
	Muslim	0.0	0.0	0.0	0.0	0.0	0.0	9.1	7.9	0.4	0.3
	Hindu	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Religion	8.7	6.5	6.9	7.7	17.3	6.1	9.1	0.0	9.4	6.5

Source: Compiled and computed from ABS 2006 Census of Population and Housing



Appendix 4 Living arrangements of men and women aged 55 and over by birthplace (percentage)

Birthplace	Living arrangements	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Austria	With spouse/partner	73.4	64.4	66.9	54.0	63.3	42.6	50.0	26.3	69.0	53.9
	With other family member	4.3	1.4	0.0	6.9	0.0	2.8	0.0	15.8	2.4	4.2
	With non-relatives	3.9	6.3	8.3	3.4	3.3	0.0	0.0	0.0	4.7	3.7
	Alone	11.7	20.7	22.3	26.4	25.6	50.9	50.0	29.0	17.5	29.6
	Not living at home	6.4	7.2	2.5	9.2	7.8	2.8	0.0	29.0	5.5	8.6
Burma	With spouse/partner	78.7	75.7	76.3	65.6	75.7	42.7	66.0	25.0	77.0	61.1
	With other family member	4.3	5.5	2.8	5.4	0.0	14.2	9.5	15.7	3.3	8.2
	With non-relatives	1.4	2.1	1.9	2.6	4.0	2.4	0.0	3.7	1.9	2.5
	Alone	11.6	14.3	14.7	21.9	14.7	36.2	13.9	25.0	13.2	22.1
	Not living at home	4.3	2.1	4.4	4.4	6.0	4.5	9.5	29.6	4.8	5.8
China	With spouse/partner	88.0	72.1	84.2	67.2	79.6	44.2	56.6	25.0	82.2	59.1
	With other family member	2.4	10.5	5.5	14.5	10.2	23.8	15.1	43.5	6.3	18.4
	With non-relatives	0.0	3.5	4.4	2.9	0.0	2.3	5.7	4.3	1.7	3.2
	Alone	7.2	9.8	4.4	12.4	6.6	23.3	0.0	15.2	5.7	14.1
	Not living at home	2.4	4.2	1.6	2.9	3.6	6.4	22.6	12.0	4.1	5.2
Croatia	With spouse/partner	79.1	78.3	75.4	69.9	75.5	35.5	57.8	14.3	76.7	61.2
	With other family member	0.9	2.1	1.0	4.5	1.4	10.0	0.0	16.5	1.0	5.7
	With non-relatives	1.6	1.9	1.9	1.4	0.0	2.6	0.0	0.0	1.4	1.8
	Alone	12.9	16.6	16.5	21.6	16.4	42.3	22.2	42.9	15.1	26.0
	Not living at home	5.5	1.3	5.1	2.1	6.8	9.6	20.0	26.4	6.0	5.2
Egypt	With spouse/partner	77.7	73.6	81.8	59.6	59.7	27.8	70.0	14.3	75.3	54.8
	With other family member	3.2	0.0	2.7	6.0	0.0	11.3	0.0	31.1	2.4	6.5
	With non-relatives	3.2	3.4	2.7	3.1	0.0	0.0	0.0	0.0	2.4	2.2
	Alone	14.4	20.2	12.7	25.3	26.4	54.6	30.0	25.0	16.6	30.0
	Not living at home	1.6	1.7	0.0	6.1	13.9	6.2	0.0	29.6	3.4	5.7
Greece	With spouse/partner	82.1	80.0	82.1	75.1	76.8	41.4	69.4	13.0	80.6	63.7
	With other family member	1.9	2.9	2.3	2.7	1.3	11.0	0.0	18.2	1.9	6.1
	With non-relatives	3.5	2.0	1.4	2.7	0.0	2.5	0.0	0.0	1.8	2.2
	Alone	9.2	13.1	11.2	18.3	13.2	40.2	8.3	35.1	10.8	23.0
	Not living at home	3.3	2.0	3.0	1.3	7.9	5.0	22.2	33.7	4.8	4.9
Hungary	With spouse/partner	66.0	72.1	57.9	51.2	62.5	31.2	44.4	16.7	60.6	52.7
	With other family member	0.0	5.4	2.0	4.4	0.0	7.4	0.0	0.0	0.8	4.1
	With non-relatives	2.8	2.7	2.6	0.0	4.2	7.4	0.0	16.7	2.9	4.1
	Alone	24.5	19.8	24.3	40.9	26.0	45.9	33.3	41.7	25.4	34.2
	Not living at home	6.6	0.0	13.1	3.3	7.3	8.2	22.2	25.0	10.2	5.0
India	With spouse/partner	77.9	74.2	76.7	58.4	69.7	41.7	51.8	21.5	75.1	59.0
	With other family member	2.1	6.3	2.8	7.9	4.1	9.8	3.0	17.5	2.7	8.3
	With non-relatives	3.2	2.7	2.8	2.9	2.9	1.5	3.0	1.4	2.9	2.4
	Alone	13.5	15.0	14.8	28.2	17.6	38.0	17.5	27.5	14.7	24.5
	Not living at home	3.3	1.9	3.0	2.6	5.7	9.0	24.6	32.0	4.4	5.8

Birthplace	Living arrangements	55-64		65-74		75-84		85+		Total aged 55+	
		M	F	M	F	M	F	M	F	M	F
Italy	With spouse/partner	83.5	83.8	84.9	70.6	78.8	45.8	55.5	21.1	81.5	64.2
	With other family member	1.6	2.2	0.9	3.2	1.2	6.1	4.6	11.4	1.4	4.3
	With non-relatives	2.4	2.1	1.7	2.0	1.7	1.9	1.0	2.1	1.9	2.0
	Alone	9.4	10.3	9.8	21.9	13.1	38.6	20.5	36.9	11.0	23.9
	Not living at home	3.0	1.8	2.6	2.3	5.3	7.6	18.3	28.4	4.2	5.6
Malaysia	With spouse/partner	89.2	81.4	86.7	66.9	80.7	44.4	50.0	26.9	87.0	72.2
	With other family member	1.3	3.9	1.9	8.9	1.6	18.9	7.1	22.4	1.6	7.3
	With non-relatives	1.4	1.5	2.5	2.3	5.2	1.9	0.0	0.0	2.0	1.7
	Alone	6.5	11.2	7.0	19.7	10.9	28.9	19.0	23.9	7.3	15.6
	Not living at home	1.6	2.0	1.9	2.3	1.6	5.9	23.8	26.9	2.1	3.2
Netherlands	With spouse/partner	75.8	71.1	72.6	59.8	70.5	41.4	47.0	16.3	72.7	58.1
	With other family member	1.2	1.7	1.2	2.1	1.3	3.6	2.0	3.9	1.3	2.4
	With non-relatives	6.0	7.3	7.4	7.3	2.6	2.5	0.0	1.9	5.5	5.9
	Alone	11.5	16.0	13.6	26.7	18.4	42.6	24.8	45.0	13.9	26.3
	Not living at home	5.6	4.0	5.1	4.2	7.2	9.9	26.2	32.9	6.6	7.5
Poland	With spouse/partner	70.4	73.6	71.5	54.6	63.4	32.2	47.7	24.3	65.7	48.5
	With other family member	0.6	4.0	2.7	4.2	3.7	9.2	2.2	10.7	2.8	6.4
	With non-relatives	2.7	1.2	1.8	0.8	0.7	1.3	0.0	5.3	1.4	1.5
	Alone	19.3	18.8	21.3	36.5	24.6	45.2	18.9	35.3	21.1	34.9
	Not living at home	7.1	2.2	2.7	3.9	7.8	12.2	31.1	24.3	9.0	8.7
Ukraine	With spouse/partner	100.0	78.6	74.5	55.9	58.8	27.6	37.5	23.4	63.4	33.7
	With other family member	0.0	21.4	0.0	8.8	0.0	6.5	0.0	6.4	0.0	7.6
	With non-relatives	0.0	0.0	5.9	8.8	3.1	2.0	0.0	0.0	3.2	2.5
	Alone	0.0	0.0	19.6	17.6	29.8	55.4	43.8	46.8	26.0	45.3
	Not living at home	0.0	0.0	0.0	8.8	8.3	8.6	18.8	23.4	7.4	10.8
Vietnam	With spouse/partner	84.9	78.0	83.3	63.8	72.6	51.8	70.6	20.9	82.2	67.3
	With other family member	2.7	10.3	6.9	24.5	11.3	40.4	8.8	58.1	5.2	21.1
	With non-relatives	4.4	3.0	2.5	3.5	2.8	2.6	8.8	14.0	3.9	3.6
	Alone	4.2	6.9	4.4	3.5	2.8	5.3	11.8	7.0	4.4	5.6
	Not living at home	3.8	1.8	2.9	4.7	10.4	0.0	0.0	0.0	4.3	2.4

Source: Compiled and computed from ABS 2006 Census of Population and Housing



