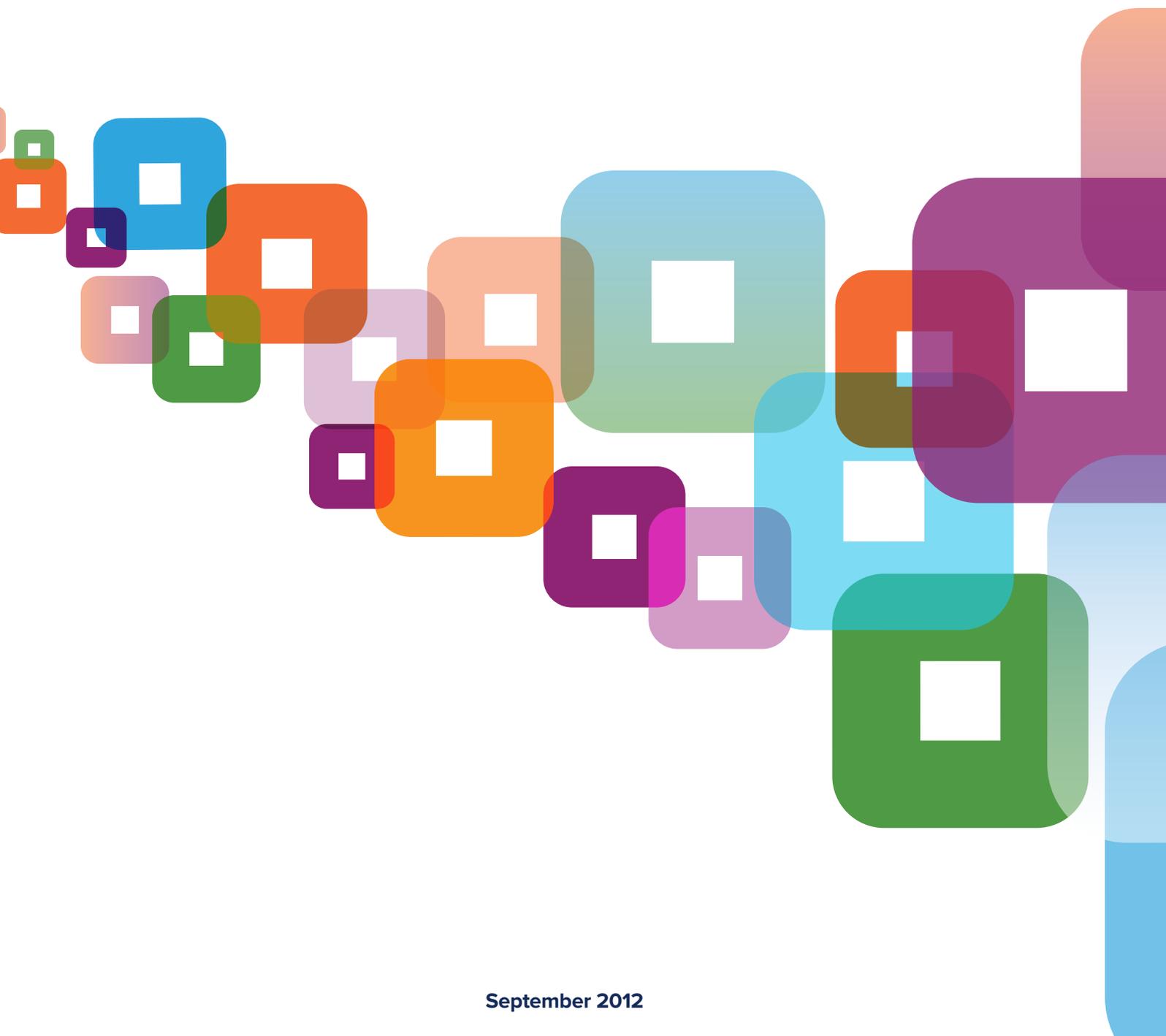




Government of **Western Australia**
Department of **Local Government**
Office of **Multicultural Interests**

Ageing in Culturally and Linguistically Diverse Communities

An analysis of trends and major issues
in Western Australia—summary report



September 2012

Introduction

The Government of Western Australia is committed to a State in which seniors are healthier, feel secure, and are valued active participants in all aspects of community life. The Office of Multicultural Interests (OMI) Strategic Plan 2009–2013 key objectives are to ensure the full participation of culturally and linguistically diverse communities (CaLD) in social, economic and cultural life and the removal of barriers to equity experienced by CaLD communities. Ageing has been identified as a key action and OMI has prepared this report to inform State Government policy and planning to address the current and future needs of CaLD seniors.

There are limited studies on the ageing of CaLD communities in WA and OMI has prepared this summary demographic profile and review of the current literature that presents gendered data, trends, issues, barriers and opportunities relevant to the Western Australian CaLD seniors' population.

Issues of interest included:

- ▣ place of residence
- ▣ religion
- ▣ health including physical, mental and social health
- ▣ accessibility of services
- ▣ social and economic wellbeing.

The project has focussed on CaLD communities from 14 birth countries, including Austria, Burma, China, Croatia, Egypt, Greece, Hungary, India, Italy, Malaysia, Netherlands, Poland, Ukraine and Vietnam. These birth countries were selected as 11 have the largest proportion of CaLD people aged 55 and over in WA and the other three are large in absolute number.

Background

Older Australians are an important and rapidly increasing group of Australia's population. Continuing improvement in life expectancy and a decline in fertility rates, indicates that the share of the Australian population aged over 65 years will increase from 13 per cent in 2003–04 to 24.5 per cent by 2044–45.¹ The share of the population over 85 years will increase from 1.5 per cent in 2003–04 to 5.0 per cent in 2044–45.² This represents a significant shift in the age profile of the Australian community. The proportion of people aged over 65 years will increase from one in eight Australians today to almost one in four in forty years' time.³ In 2044–45, there are projected to be around seven million Australians who are aged 65 years and over.⁴

In 2010, 17 per cent of the WA population were seniors, that is, 60 years of age or over and this was an increase from 14 per cent in 1996. By 2041, it is estimated that one-quarter of Western Australians will be a senior.

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%. By 2026, around one in five older people in Western Australia (WA) will be from a culturally and linguistically diverse (CaLD) background. It is important to recognise the contribution CaLD older people make in preserving 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

1 Productivity Commission, *Economic Implications of an Ageing Australia*, Research Report, Canberra: 2005, p5.

2 Productivity Commission, *Economic Implications of an Ageing Australia*, Research Report, Canberra: 2005, p5.

3 Productivity Commission, *Economic Implications of an Ageing Australia*, Research Report, Canberra: 2005, pXIV.

4 Productivity Commission, *Economic Implications of an Ageing Australia*, Research Report, Canberra: 2005, pXIV.



and overcome formidable and longstanding barriers to participation.

This 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 childcare and the need for assistance with core daily activities. Khoo's report to the National Seniors Productive Ageing Centre⁵ (2011) and data from the Census are used to examine the social and economic wellbeing of older people from CaLD backgrounds.

The ageing experiences of older people from CaLD backgrounds were examined separately for men and women to identify gender differences. To capture the dynamics of ageing at different stages of the lifecycle, the data analysis differentiated older people into four broad age groups reflecting the different stages of ageing: 55–64, 65–74, 75–84 and 85 and over. It is useful to classify older people into age groups in the absence of consensus on the age ranges involved and age-based classification of older people is also consistent with 'active ageing', a guiding strategy for the Australian health and aged care sector. At the Second United Nations World Assembly on Ageing in Madrid 2002, the World Health Organisation defined active ageing as ... *the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age*⁶.

5 Khoo, S-E 2011, 'Living arrangements and well-being of culturally and linguistically diverse older adults', Report for the National Seniors Productive Ageing Centre, Australian Demographic and Social Research Institute, Australian National University, Canberra.

6 World Health Organization (WHO) 2002, Active ageing: A policy framework, WHO, Switzerland, Geneva, available from: http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf (accessed on 5/9/11).



By 2026, around one in five older people in Western Australia (WA) will be from a culturally and linguistically diverse (CaLD) background.



Ageing in WA CaLD communities

The study has identified that in Western Australia 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 people 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 with 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).

Table 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.

The Italy-born was 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. 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.

Period of migration is clearly an important factor influencing the demographics of CaLD communities.

Table 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



In 2001, the AIHW conducted a landmark study on the projected growth in older populations from CaLD backgrounds at the request of the Department of Health and Aged Care⁷. The study predicted a shift in the composition of older people from CaLD backgrounds by 2026. It suggests that the number of Italy-born older people (aged 65 and over) 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 doubling from 2703 to 6202, they are likely to become the second largest group. After Italy and Malaysia will be India, the Netherlands and Germany.

RELIGION

Most CaLD seniors identified Christianity as their religion. 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 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).

⁷ Gibson, D, Braun, P, Benham, C & Mason, F 2001, Projections of older immigrants: People from culturally and linguistically diverse backgrounds, 1996–2006, Australia, Report prepared for the Department of Health and Ageing, Aged Care Series No 6, Cat No AGE 18, AIHW, Canberra.



Within the Perth metropolitan area, the highest concentration (20%) of older people from CaLD backgrounds is recorded in the LGA of Stirling.



PLACE OF RESIDENCE

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%). 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. 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%).

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 highlighted four areas of concern for older migrants from CaLD backgrounds:

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

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. However, the ability to do this is undermined by the lack of disaggregated data for CaLD communities in WA, including:

- chronic health conditions, lifestyle risk factors, protective factors and socio-demographics
- age standardised rate of disability and dementia for older people from CaLD backgrounds
- quantitative studies on the knowledge of dementia among CaLD groups in Australia.

Health studies between 2000–2010 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 2003⁸. 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 services⁹. EDAC's submission to the Productivity Commission¹⁰ 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.

8 Australian Bureau of Statistics 2003, *Disability, ageing and carers: Summary of findings*, Australian Bureau of Statistics, Canberra, Australia.

9 National Ethnic Disability Alliance 2009, 'Access to disability services for people from non-English speaking backgrounds', Australia.

10 Ethnic Disability Advocacy Centre 2008, National disability strategy: Focusing on CaLD people with disability, EDAC, Subiaco, Western Australia.



Use of health and aged care services

It is common to find that families from non-English speaking backgrounds under-utilise in-patient and community health services. 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.

Data from recent AIHW surveys¹¹ and DoHA HACC Minimum Data Set Annual Bulletins¹² presented in Table 2 confirms that Australian-born older people are the largest clients of the formal, permanent and residential respite and HACC services.

Table 2 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	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	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

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, a change can be observed regarding the use of HACC and CACP services. Using 2001–02 survey data

11 Australian Institute of Health and Welfare 2011a, *Aged care packages in the community 2009–10: A statistical overview*, Aged care statistics series No 34, AIHW Cat No AGE 65, AIHW, Canberra, Australia.

Australian Institute of Health and Welfare 2011b, *Residential aged care in Australia 2009–10: A statistical overview*, Aged care statistics series No 35, AIHW Cat No AGE 66, AIHW, Canberra, Australia.

12 Department of Health and Ageing 2010, *Home and Community Care Program Minimum Data Set 2009–10 Annual Bulletin*, Australian Government Department of Health and Ageing, Canberra, Australia.

Karmel et al.¹³ 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 literature¹⁴.

13 Karmel, R, Jenkins, A, Angus, P, Quine, S & Braun, P 2003, 'Ageing and aged care', in Gibson, D, Madden, R & A, Stuer (eds), *Australia's welfare*, AIHW, Canberra, Australia, pp 275–329.

14 Bartlett, H, Rao, DV & Warburton, J 2006, Ageing and cultural diversity in Queensland: Working together to make a difference, Report of a scoping project, Queensland Government Department of Communities and Department of the Premier and Cabinet, Australasian Centre on Ageing, The University of Queensland, Australia.

According to a FECCA submission to the Productivity Commission¹⁵, this is an outcome of the firm regulatory standards in place at the CACP that emphasise ensuring the client base represents the community.

Considering the growing older population from CaLD backgrounds, the number of users of aged care services is lower compared with 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^{16,17}.

Therefore, culturally appropriate services are considered the preferred mode for CaLD older people¹⁸. Other factors, including limited English language proficiency and access to information, lack of knowledge about aged care services, intergenerational issues and communication¹⁹ also add to the barriers.

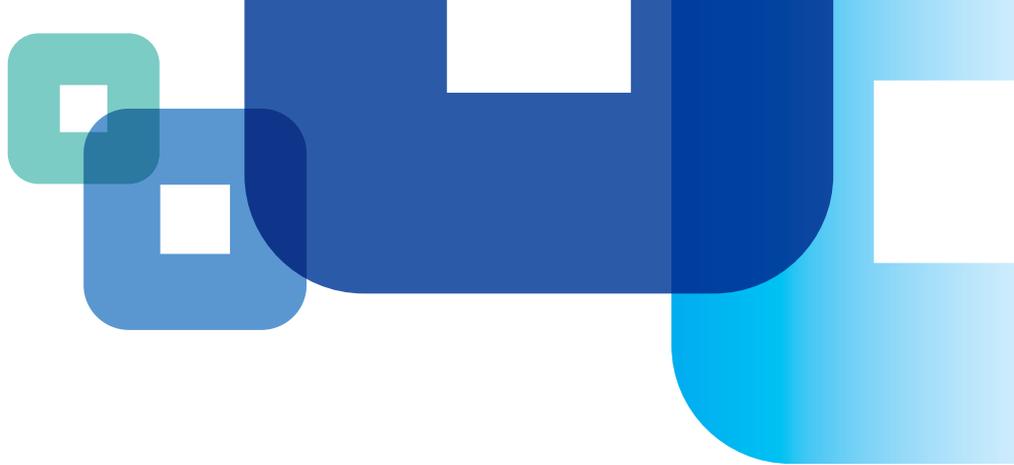
15 Federation of Ethnic Communities' Councils of Australia 2008, Access and equity report, Report submitted to the Department of Immigration and Citizenship around access and equity issues for Australians from culturally and linguistically diverse backgrounds accessing Australian Government Services, August, Sydney, NSW, Australia.

16 Rowland, DT 1999, The ethnic aged population and the likelihood of special needs, *Australian Journal of Ageing*, Vol 18, No 3, pp 50–54.

17 Hugo, G 2000, 'South Australia's ageing population and its increasingly multicultural nature', *Australasian Journal on Ageing*, Vol 19, No 1, pp 23–32.

18 Petrov, L 1997, 'Mainstream service providers can deliver culturally appropriate residential care for ethnic diversity', *Australian Journal of Ageing*, Vol 16, No 4, pp 218–219.

19 Vainshtein, Klaudia 2000, Reaching out, No 14, August–September www.insitenewspaper.com.au



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 care²⁰.

In terms of supply, low use of aged care services by CaLD older people has been related to pricing and affordability. Hogan²¹, 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.

Independence, social support and safety nets

Khoo²² 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 to address social isolation and other vulnerabilities. Therefore, along with the five indicators identified by Khoo for

measuring independence, marital status, family pattern and living arrangements are used as proxy indicators of social support. Car ownership and access to internet facilities were used to examine CaLD older people's mobility and connectivity. The report also examined CaLD older people's engagement with the broader community and family as a process of active ageing by examining their participation in paid work, volunteering and looking after children.

Four clear trends emerged:

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.

20 Australian Polish Community Services/Reichstein Foundation 2008, *People from ethnic backgrounds in Commonwealth Funded Residential Care*, available at www.apcs.com.au

21 Hogan, W 2004, Review of pricing arrangements in residential aged care, Report by the Aged Care Review Taskforce, Commonwealth of Australia, Canberra, Australia.

22 Khoo, S-E 2011, 'Living arrangements and well-being of culturally and linguistically diverse older adults', Report for the National Seniors Productive Ageing Centre, Australian Demographic and Social Research Institute, Australian National University, Canberra.

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 a 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.





Conclusion

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 the needs of older people from CaLD backgrounds. OMI's role is to provide information on the needs of CaLD older people in Western Australia. 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 bicultural 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, including the need for:

- greater support for CaLD older women in general, older men and women aged 75 and over from CaLD backgrounds and older people born in China, Croatia, Greece, Italy, Poland, Ukraine and Vietnam in income, language services, core activities, opportunities for recreation and productive engagement
- affordable and safe public and other modes of transport available at convenient times for older people in WA in general with special focus on disadvantaged CaLD groups indicated above
- review of low-income housing assistance and leveraging private and not-for-profit sectors' involvement in expanding the supply of age-friendly and affordable housing for low-income older people in general with special focus on disadvantaged CaLD older groups indicated above.

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, pensions and superannuation for CaLD communities in WA
- age-standardised data on disability and mental health in CaLD communities at the state 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.

This publication uses 2006 Census data and will be updated using 2011 Census data.

