

AUSTRALIAN MULTICULTURAL FOUNDATION SUMMIT
Addressing issues impacting on the provision of
culturally sensitive aged care

Friday 25th October 2002

Talking Points for Jennifer Bryant

- Thank you for inviting me to address today's summit.
- The Department of Immigration and Multicultural and Indigenous Affairs, or DIMIA, is keen to promote culturally appropriate training for aged care workers as a key strategy in providing support to older overseas born Australians.
- As many of you will be aware, a recent study by the Australian Institute of Health and Welfare projects an expected 66% growth rate in the culturally and linguistically diverse (CALD) population over 65 by 2011. This can be compared with only a 23% growth rate for the Australian-born population in the same time period.
- Whereas overseas born Australians from non-English speaking countries made up 17.8% of the over 65 population of Australia in 1996, by 2026, 22.8% of the older population will be from non-English speaking, overseas born backgrounds.
- Our migration policies of the past have determined our current ageing population. Currently our largest groups of non-English speaking overseas born older people are from Italy, Poland, Germany, Greece and the Netherlands. In the next 10 years, Polish older people will

drop out of the top five groups, and the Chinese will become a significant group. By 2026, the Dutch will no longer be in the top five, but the Vietnamese elderly will. There will also be a significant growth rate in the number of older people from the Philippines, Malaysia, Sri Lanka and Lebanon.

- The average age of newly arrived migrants and refugees is just 35. Our migration policies today will therefore affect the composition of the ageing population approximately 40 years from now. Our three migration programs – skilled migration, the family program and the humanitarian program – will have implications for the future.
- The Humanitarian Program, for example, which accepted 12,349 refugees and others with humanitarian needs in 2001-2002, took its largest group (33%) from Africa, namely Sudanese, Ethiopians, Sierra Leonians and Somalis. The next largest group (26%) were from the Middle East and South West Asia, mainly Iraq and Afghanistan. And a significant 22% came from the countries of the former Yugoslavia.
- Most principal applicants arriving under the skill stream tend to be young, well educated and with good English language skills, their family members and migrants in the family stream may have lower levels of English proficiency. The Longitudinal Study of Immigrants to Australia (or LSIA) for the cohort arriving between September 1999 and August 2000 shows that 30% have poor or no English.
- As people from these groups age, aged care staff will need to respond to their needs appropriately. Australia is culturally diverse,

and social, health and welfare services need to be equipped to respond to that diversity.

- According to the *Independence in Ageing* Report, commissioned by DIMIA in 2000, the overseas-born in general are not healthier than Australian-born, and in some instances report poorer health and greater levels of need for assistance. Both this report and the AIHW study indicate that there will be an increase in the number of migrant aged, and this will result in an increase in the use of aged care services.
- Interestingly, while the report indicates that the aged overseas born are more likely to require assistance in their every day activities, overseas born make less use of residential aged care facilities than do the Australian-born. A substantial decrease in use is observed as the level of English proficiency of the group decreases. This strong decrease indicates that language proficiency may be an important contributing factor in lower levels of use among people from non-English-speaking backgrounds.
- The adult children of ageing migrants are frequently the first generation in Australia to have to make decisions about the care of their elderly family members. Their parents frequently came to Australia as young people, leaving their own parents behind. Without a precedent to follow, these adult children are still in relatively new territory in making these decisions, and this may affect their take-up rate of aged care services.

- DIMIA provides a range of settlement services for newly arrived migrants and refugees. Older newly arrived migrants and refugees, though their numbers are small and they come largely through the Family Migration Stream, may choose to use on-arrival settlement services. These may include translating and interpreting services, Migrant Resource Centre family and community support services, torture and trauma counselling, or services provided through other DIMIA funded programs.
- Migrants and refugees who arrived in Australia when they were young, however, and who have grown old here, are no longer in need of on-arrival settlement services. They may, however, have other specific needs related to the impact that ageing has particularly when it is combined with their culture, possible social isolation, English language proficiency and migration experiences.
- DIMIA provides translating and interpreting services to meet the needs of all Australians who have low English proficiency, and this can be an asset to older people who have never reached a high level of English proficiency, or who have lost their English proficiency through the ageing process.
- Other basic human needs such as accommodation, income support, health services, and employment are best met by agencies that provide these services to all Australians. It would be inappropriate and ineffective for DIMIA to duplicate these services for migrants and refugees for the duration of their lives in Australia.

- Similarly, aged care services are best provided by aged care specialists.

- *The Charter of Public Service in a Culturally Diverse Society* is a key tool to assist government programs to meet the needs of our culturally and linguistically diverse society. It integrates a set of service delivery principles concerning cultural diversity into the strategic planning, policy development, budget and reporting processes of government service delivery - irrespective of whether these services are provided by government agencies, community organisations or commercial enterprises.

- Culturally appropriate services typically have the following features:
 - There is consultation with potential users of the service and their advocates about the most appropriate methods of delivering the service;
 - The ethnic composition of the community being served is understood so that services can be targeted appropriately;
 - Information is provided to clients and their families in translated form;
 - Interpreters are budgeted for and made readily available to clients with low English proficiency and their families;
 - Staff with appropriate language and cross cultural skills are encouraged to apply for positions within the organisation;
 - Client data is collected that complies with the Australian Bureau of Statistics' standards for collecting statistics on diversity, and services are monitored for their accessibility to and use by migrants and refugees; and

- People whose first language is not English are made aware of grievance processes, and language services are made available to them to use these processes.

- Mainstream service providers cannot serve diverse clients without a solid understanding of cross-cultural issues in the context of the ageing process. For this reason, it is essential that training in cultural competence is an ongoing requirement in the training and professional development of workers dealing with older overseas-born Australians.

- Thank you again for inviting me here today and for taking up the important issue of culturally appropriate training in the provision of aged care.